Item

10 HO	may	TO FU	POOR	R
V	5 A	9.	/5	4)

_	MAKTLAND SIA	IE DEPAKIMENT OF	HEALTH-BALTIMORE,	18.	4: C) 19 A P
2,	Film 6254, 10/5/50	S ICY		1	08745
	8755	CERTIFICATE OF	DEATH	Reg. Dist. No.	

	PLACE OF DEATH		2. USUAL RESIDENCE (WI			e before admission)		
	BALTIMORE	MARYLAND	MARYLAI	40	BALT	IMORE.		
1	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF	outside corporate li	mits, write RURAL and g	ive nearest town)		
_	RURAL (TOWSON)		NOIRPAIL	- TKIL	11819 N. B	altimore		
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS	2811 Ham	pden Ave.	e. IS RESIDENCE ON A FARM?		
1	RUXWAY MAHOR NU	RSING HOME	791171181	14 44 44 11	1/7/3.	YES NO T		
	NAME OF DECEASED Type or print) TRENF	Middle	WERMAN	4. DATE OF DEATH	Month AUGUST	Day Year		
5. :	EX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AC		YEAR IF UNDER 24 HRS.		
	FEMALE WILLIAMS WIDOWE		NOV-25 18	8/ 101	t birthday) Months	Days Hours Min.		
100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if relired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country		ZEN OF WHAT COUNTRY?		
	40USEWIFE		MARYL	AND.		4.5.A:		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME -	• /			
	John W. Jones	*	Carrie	LFI	105			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
1.0	NO 21	4-01-5493).1	YURSING 1-	HOMER!	ELOND'S -	912 RUXWAY,		
	18. CAUSE OF DEATH [Enter only one cause per lin	e for (q), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Palmenane Callena.							
	DUE TO			1.0		- Filling		
	Conditions if any which \							
	gave rise to immediate							
	lying cause last.	arcin	and of	aland	rds	7		
O	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY		
CATI			0			PERFORMED? YES NO D		
CERTIFICATION	200. ACCIDENT WAS UNDERLYING TO 200. DESCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in)	Part I or Part II of	item 18.)			
		JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	206 (City or In	1 /C	aunt A (Chata)		
MEDICAL	Hour a. ft. p. m. 19 While at work	Not while	ctory, street, office bldg., etc	1	mi) (C	ounty) (State)		
	21. I certify that I attended the decease	ed from Usina 1	1958 to al	2011	19.5 S. that I. l	ast saw the deceased		
	alive on and 11 193	and that death	occurred at 1/1501					
	1.0	. 7		ADDRESS (Street, c		DATE SIGNED		
	ACTUAL SIGNATURE	algoriere	MD Little	llon	not	8/10/23		
					f	101		
	PHYSICIAN'S GEORGEI	· GILMORE	ナリナガナ	RVI	JE	14147		
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	(State)		
7	BURIAL AUG-14-1458	CEDAR 141	1	BALTIN	HORE MD	-		
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE		
V	m. Cook-Towson, Inc.,	1050 York Ros	A MA DATE A	UG 1 3 '58	Orlling S.	thous		

7.0 and the first and the first and the first and the state of t The state of the second st the state of the s

SARAGO AND AND ADDRESS OF TAXABLE STATE OF STREET STATE OF STREET

VS A15 (4) 15M 10/57

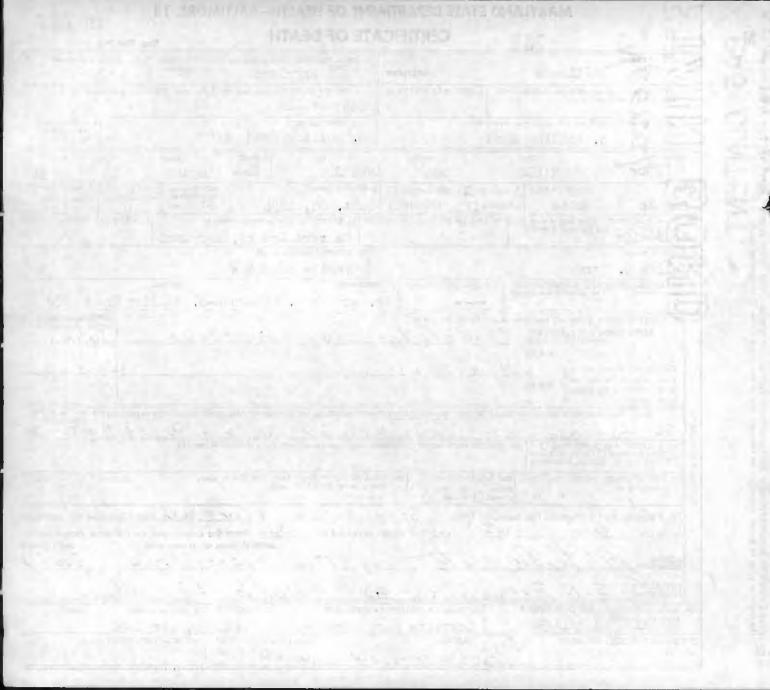
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08747

8757 CERTIFICATE OF DEATH

Reg.	Disa	D.I.
KOU.	DIST.	TMO.

1. PLACE OF DEATH COUNTY Baltimore MARYLAND				O STATE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY					
RURAL and give	(If outside corporate liminearest town)	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville						
	ITAL (If not in hospital, g		The second secon	d. STREET S. Rol	ADDRESS Lling I	Road	#28		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	HILD.		Middle MAE	ANDERSO	osi V	4. DATE OF DEATH	August		Day 4	Yeor 19 58
5. SEX Female	6. COLOR OR RACE	7. MARR	NEVER MARRIED			9),	9. AGE (In years lost birthdoy) 63 yrs.	Months Day		1
100. USUAL OCCUPAT during most of wo Housewife	ION (Give kind of work orking life, even if retired	danel 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (Stole	or foreign co			OF WHA	T COUNTRY
13. FATHER'S NAME				14. MOTHER	'S MAIDEN	NAME				
Julius B.	Ward			Vert	tie Hu	tchins				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 12	7. INFORMANT			Add	iress		
No			Contractor de	Mr. Arthu	ir D. A	Anders	on-S. Ro	lling Ro	oad ;	#28
\$ P4. ho	immediate g the <u>uniter-</u> (c	DITIONS C	contributing to DEATH	BUT NOT RELATED Vas cu la	V	Acces	but Br	VEN IN PART 160	PERF	AUTOPSY ORMED?
	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Ye		NJURY OCCURRED 20e.	PLACE OF INJURY	f [Home, form	n, 20f. (City	or town)	(Coun	(y)	(Slote)
p. m.	10	of wor	k at work	, , , , , , , , , , , , , , , , , , , ,		/				
21. I certify to alive an	that fattended the	deceas , 192-	ed from	4 19.5 ath accurred c	1950	AM, from ADDRESS (SI	n the causes of treel, city or town,	that I last and an the costole)	date sta	
PHYSICIAN'S NAME (Type)	J.N.F.	red	exick.	mD	Be	040	. 27	Ma	1	
220. BURIAL, CREMATI	ON, 22b. DATE THEREC)F	22c. NAME OF CEMETER				TION (City, lawn,		(510	ote)
Burial Specif	10/20/20	- 17	Lorraine Pa	ark Cemet	-		dlawn, M			
23. FUNERAL DIRECTO	es signature	707	ADDRESS	mel.	DATE A	UG 1 8	78 246. REGI	STRAR'S SIGNA	Costia	



ADDRESS

24b. REGISTRAR'S SIGNATURE

Cirilian S. Hours

24a, REC'D BY REGISTRAR

AUG 2 2 158

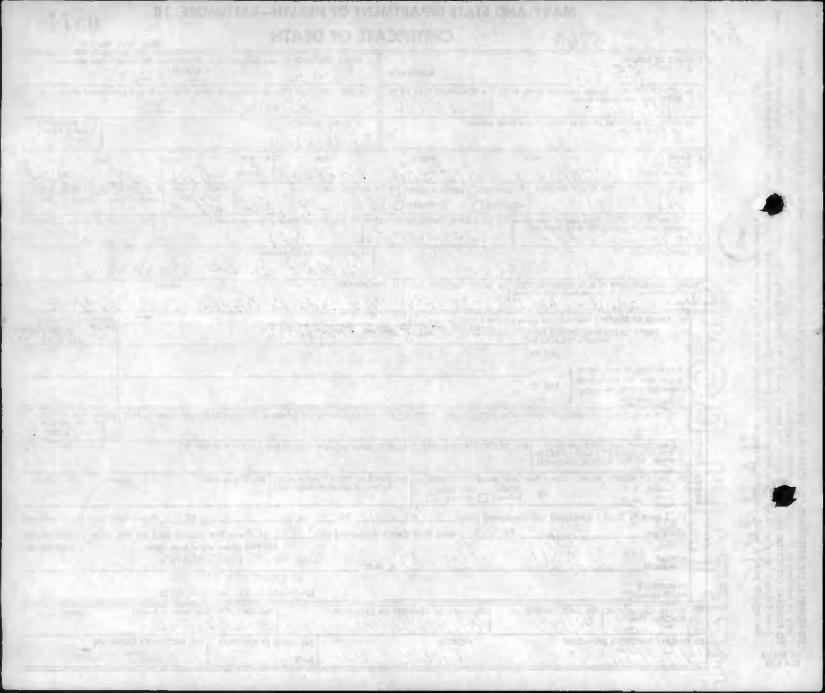
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FUNERAL DIRECTOR'S SIGNATURE



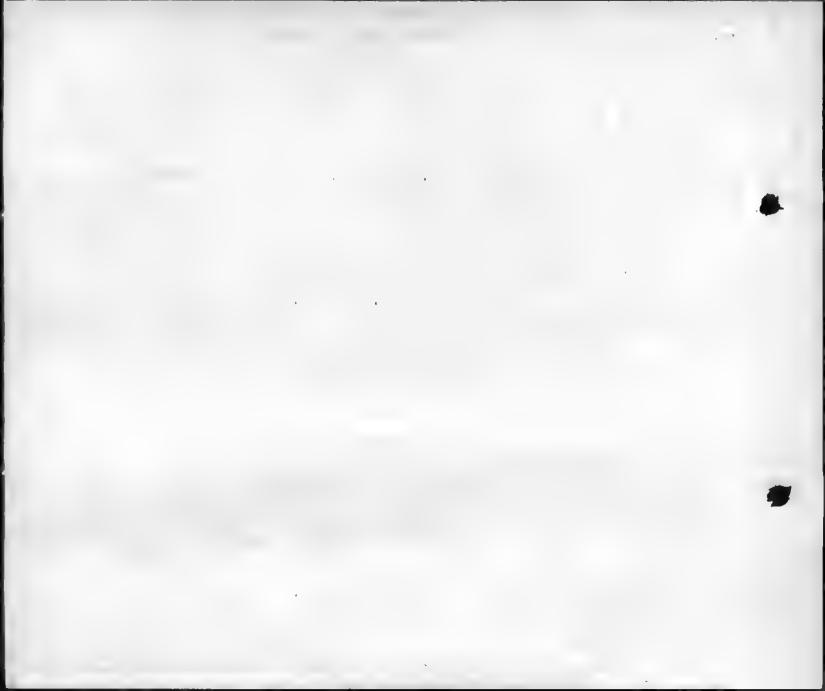
death.



hours after death. Page

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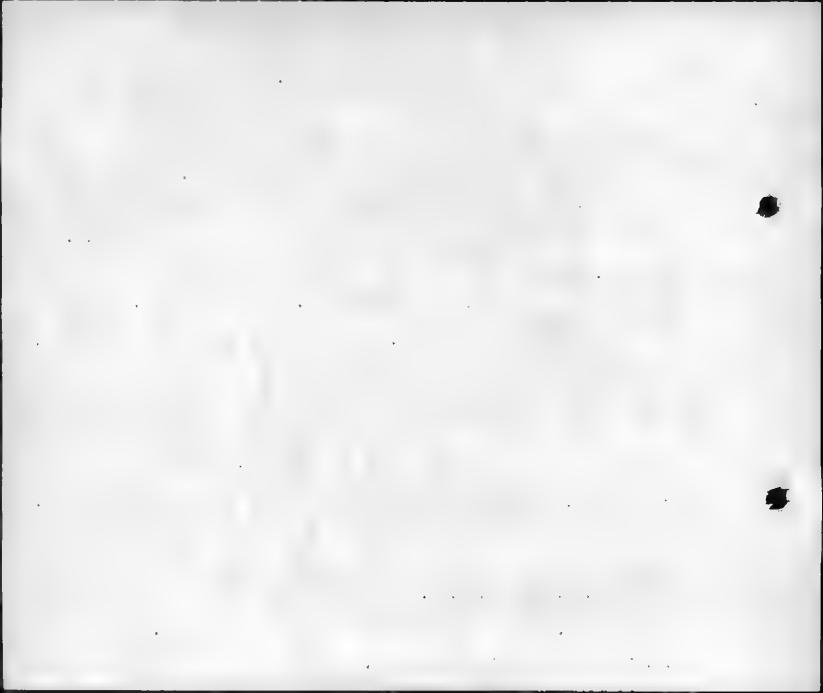
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



executed



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) COUNTY 정 b. COUNTY Baltimore MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Fort Howard, Md. Baltimore 3 Days d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. 15 RESIDENCE ON A FARM? 2022 N. Wolfe Street Veterans Administration Hospital YES T NO NAME OF First 4. DATE DECEASED OF DEATH 10 58 (Type or print) WIT.T.TAM **ROWMAN** August 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO 5. SEX B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months May 27, 1917 Male Negro WIDOWED [DIVORCED [paped 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Truck Driver Produce Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Bowman Queenetta Wilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Clin. Records, Vet. Adm. Hosp. Ft. Howard, Md. W II 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA, RIGHT LUNG IMMEDIATE CAUSE (01_ 12 Months 1621 10(D)(E) Conditions, if any, which (b) 2. CEREBELLUM HEMORRHAGE Days gove rise to immediate DUE TO couse (a), stoling the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item IB 1 ő 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INTURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that VA titended the deceased from July 30, 1958, to August 2, 1958, that closes of the deceased from July 30, 1958, to August 2, 1958, that closes of the deceased from July 30, 1958, to August 2, 1958, that closes of the deceased from July 30, 1958, to August 2, 1958, the deceased from July 30, 1958, to August 2, 1958, the deceased from July 30, 1958, to August 2, 1958, the deceased from July 30, 1958, to August 2, 1958, the deceased from July 30, 1958, to August 2, 1958, the deceased from July 30, 1958, to August 2, 1958, the deceased from July 30, 1958, to August 2, 1958, the deceased from July 30, 1958, to August 2, 1958, the deceased from July 30, 1958, the deceased water accurate the course and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE pluants PHYSICIAN'S CHIEN WEI IAN, M. D. VAH. Fort Howard. Maryland NAME (Type) FUNER ന 220. BURIAL, CREMATION, 226. DATE THEREOR 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) Burial Baltimore National 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'NEX REGISTRAR VS A15 (4) Elroy Wilson Funeral Home. 2004 Orleans St. DATE 15M 10/57 Balto. 31, Md.

death.





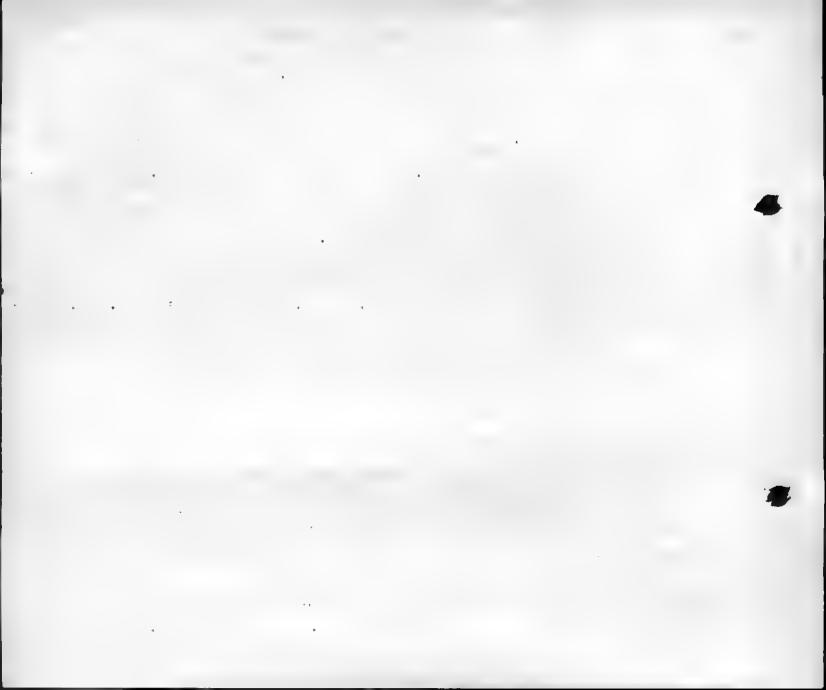
VS A15 (4) 15M 10/57 8764

764 CERTIFICATE OF DEATH

08755

Reg. Dist. No.

	a.	COUNTY Baltimore	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Baltimore									
	Ь	RURAL and give ned	ITY OR TOWN (If autside corporate limits, write URAL and give nearest lown)				c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) Catonsville					
	ď	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 11460 Forest Park Ave.					d. STREET ADDRESS 11440 Forest Park Ave. e. IS RESIDENCE ON A FARM? YES NO					
	D	AME OF ECEASED ype or print)	Fir ETT		Middle R.		BROOKS	4. DATE OF DEATH	Mo Au	nth	Doy 22,	Yeor 19 58
	5. SE	x Female	6. COLOR OR RACE	7- MARR	IED NEVER MARRIED	-	May 15, 188	2	9 AGE (In years last birthday) 76 yrs	Months		NDER 24 HRS.
		USUAL OCCUPATION during most of works Housewife	N (Give kind of work ong life, even if retired	done 10b.	kind of Business or at home	INDUS	TRY 11. BIRTHPLACE (Stoke	or foreign c	ountry)	12. CITI	ZEN OF W	HAT COUNTRY?
	13 F.	ATHER'S NAME					14 MOTHER'S MAIDEN	NAME	~			
		Joel Henry	v Haves				Elmira V	irgini	a Collin	15		
)	15. V	VAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 If	FORMANT			dress		
1	fier	no or unknown) (1	Eyes, give war or dates of si	1	none	Mr	s. John J. W	eet. =	Thin East	agt: Pl	Ave	ville.Catons
			TH [Enter only one co		ne for (o), (b), and (c).]			<u> </u>	21110 101	CCUAR		BETWEEN
		PART I. DEATH WAS CAUSED BY: P DEATH										
		2444										
		Conditions of any which)										
		gove rise to immediate ANDMICAL STUDY OVER //2 1/12										
		couse (o), stating the under- lying cause lost (c) Period										
	Z -											
3	CERTIFICATION	Hypertensive PRTERIOSCIERATIC CARDIOVASCULAR disease YES NO 1										
	MEDICAL	Oc. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yeo	While	JURY OCCURRED 2 Not while of work	Oe. PLA foc	CE OF INJURY (Home, farr tory, street, office bldg., etc	n, 20f. (Cit)	or town)	(Co	ounty)	(Stote)
		21. I certify the	ot I attended the	decease	ed from Sa	N	, 195°/, ta	aug 2	2 1958	that I Is	ast caw t	he deceased
		21. I certify that I attended the deceased from SaN, 1954, ta aug 22, 1958, that I last saw the deceased olive on Rug 21, 1958, and that death occurred of 2150 PM, from the causes and on the date stated above.										
		115	1	\				ADDRESS (S	treet, city or town,	stote)	e dule si	DATE SIGNED
	3	ACTUAL DO	Mame V.	Km	P	^	1.0. <u>722</u> S	Stamp	FORD	419 - 2	Palto	297/
d a		PHYSICIAN'S K	atharin	ie_	V. Kemp	2/	MD,					
		BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREO	F	22c. NAME OF CEMET	ERY OF	CREMATORY	22d. LOCA	TION (City, town	or county)	(State)
		Burial	8/25/58		Lorrai	ne F	Park Cem.	Woo	dlawn, M	id.		
	23. FI	UNGRAL DIRECTOR'S	SIGNATURE	. 0/	ADDRESS /	13.	7 240, REC	D BY REGIST	EAR 245 REG	STRAR'S SIGE	NATURE	
	N	MM. Y.	sicune	17	your-1	wa	elo, Marie	u /. 1 3	C/A	Thur 8. 9	irau4	



24o. REC'D BY REGISTRAR

DATE

158

246. REGISTRAR'S SIGNATURE

arthur S. Mraus

VS. A15ME(5)

23. FUNERAL DIRECTOR'S SIGNATURE

5M 9755



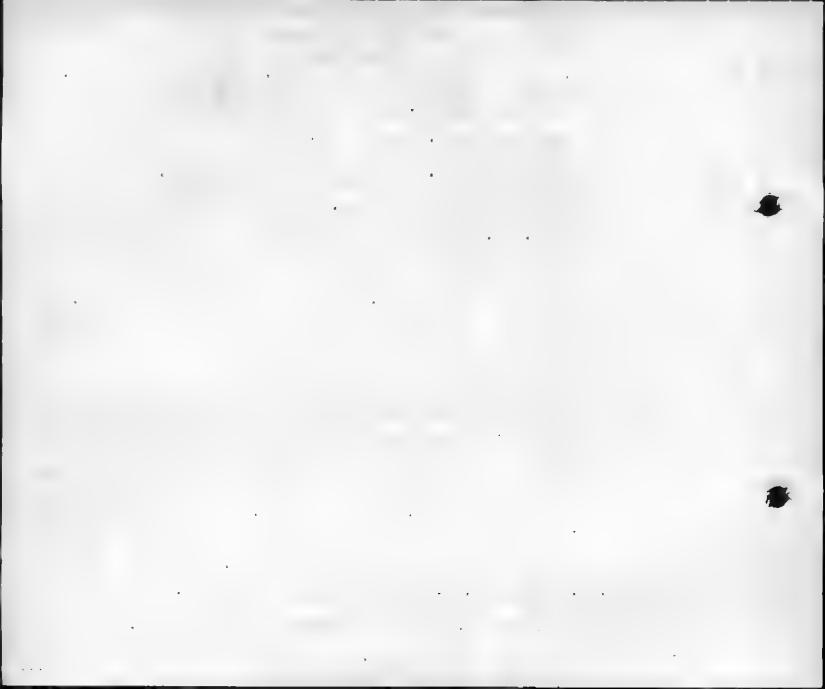
hours ofter death:

within

executed



within 24 hours after death; Page



TO HOSPITAL OF LITENDING FILYSFILIAN: The low Equires that the depth certificate be executed within 24 Lours ofter delith. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After lerificate has been signed by the attending physician and comments filled in by the funeral director, page 3 should be detached from a signed by the please remove carbon pop. Pages 1 and 2 should be filled with the registrar prior to buriol, cremotion, an removal, and in any event within 72 faurs ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8768

CERTIFICATE OF DEATH

08759

- 1-		Aug. Com. Inc.						
١	PLACE OF DEATH COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY BALLTIMERE						
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
,	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YORK ROAD YORK ROAD						
Ŀ		YORK ROAD YES NO DY						
	NAME OF DECEASED (Type or print) MALY ETHEL	BILL STATE Month Day Year DEATH AVG. 1 1958						
	6. COLOR OR MACE 7. MARRIED NEVER MARRIED NE	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 66 yrs Months Days Hours Min						
1	00. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS							
	MACHINE OPERATOR MEN'S HATS INC.	MARYLAND U.S.A.						
-[1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	JACOB H. BULL	GEORGIA EATON						
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	INFORMANT Address						
1	NO NONE 212-05-9042	EIMAR K. BULL MONKTON, MD.						
	18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	7 the breast INTERVAL BETWEEN ONSET AND DEATH						
	170× IMMAEDIATE CAUSE (o) DUE TO							
1	Conditions, if ony, which) (b)							
	gove rise to immediate cose (a), stating the <u>under-lying cause last.</u> DUE TO (c)							
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO						
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION OF CONTRIB	ED. (Enter noture of injury in Port 1 or Port 11 of item 18.)						
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the control of work of work of work of work	ACE OF INJURY [Home, form, 20f. [City or town] (County) (State) street, office bldg., etc.)						
		1053 m Mars 1 105 Charles						
	21. I certify that I attended the deceased from 1995, to 1955, that I last saw the deceased alive an 1955, and that death accurred at 550 M. From the causes and an the date stated above.							
	SIGNATURE CT. M. France	ADDRESS (Street, city or town, stote) DATE SIGNED M.D. Parkety Ind \$13/5						
	PHYSICIAN'S A.M. FRITNCE	PARKTONMA						
	20 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)						
	BURIAL S/1./58 FOSTER'S CEL	METERI HEREFORD MD.						
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	John Burns Vono Jacom 4	PATE AUG 6 '58 CILL CALL						



e. IS RESIDENCE ON A FARM? YES | NO F

Year Day 19 IF UNDER 1 YEAR IF UNDER 24 HRS

Months 12 CITIZEN OF WHAT COUNTRY?

U.S.A.

Address

PAIR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19 WAS AUTOPS PERFORMED? YES NO

(County)

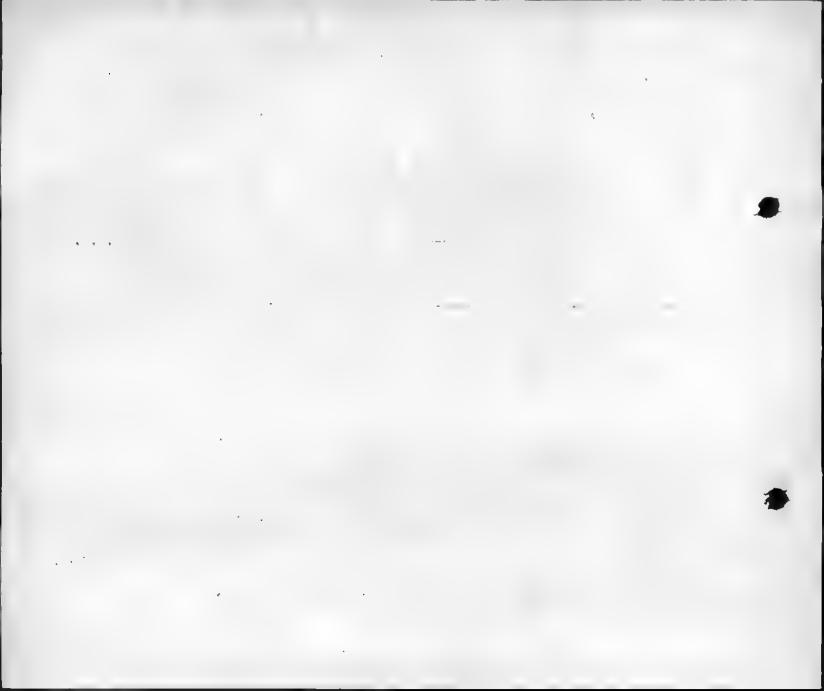
(Stote)

INTERVAL BETWEEN ONSET AND DEATH

ADDRESS (Street, city or town, stole)

246 SEGISTRAR'S SIGNATURE

15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0.8762**CERTIFICATE OF DEATH** Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND ō CITY OF TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest lown) RURAL and give realest town) ploods 1 d. NAME OF HOSPITAL IN street address d STREET ADDRESS IS RESIDENCE ON A FARM? YES TO NO! NAME OF Middle DATE Month Year DECEASED OF U (Type or print) DEATH 19.4 6.-SOLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B DATE AGE An year Months Days Hours Min. WIDOWED 🔽 DIVORCED [teculed toa. LSUALOCCUPATION Tigive kind of wark dane 10b KIND OF BUSINESS OR INDUSTRY during most at working lifest everylif retired) BIRTHPLACE (State or foreign country) CITIZEN OF WHAT COUNTRY ă. puo Ť carbon FATHER'S NAME ofter 14-MOTHER'S MAIDEN NAME move hours WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17 INFORMANT Adde guipu 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and, (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gove rise to immediate **DUE TO** ē couse (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(g) 19, WAS AUTOPSY PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Nat while 19 at work at work After 21. I certify that I attended the deceased from that I last saw the deceased alive bn 9 and that death occurred at// M, filom the causes and on the date stated above DIRECTOR DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) HOSPIT FUNER/ 220 BURIAL, CREMATION. 226. DATE THEREOF 274 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify). 0 23) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) DATE 15M 10/57



lying couse fost.

o. COUNTY

NAME OF

Male

Yes

CATION

S. SEX

0

24

00

2.

executed

20c. TIME OF INJURY Month. Hour o.m.

ADDRESS

Calhoun St

M.O. VAH Ft. Howard, Maryland

Ma DATE 68 1 3 158

DATE SIGNED

(Stote)

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE //

angel m. maa.

8_16_58

M.D. Chief Surgical Service 22c. NAME OF CEMETERY OR CREMATORY Kevsville

24a. REC'D BY REGISTRAR

ADDRESS (Street, city or town, state)

22d, LOCATION (City, fown, or county)

Keysville, Virginia
registrar | 246. Registrar's signature Circling S. House

O VS ATS (4)

FUNERA



1 3	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
R STATE	BOUT MEDICAL EXAMINER'S CERTIFICATE OF DEATH
TH DEPT.	1, PLACE OF DEATH , 1/1 4 () () () () () () () () () () () () ()
	o. COUNTY Alberte Marsh MARYLAND O. STATE (-DOLLMENT COUNTY
X	b. CITY OR TOWN (If pulsed corporate hours, write RURAL and give nearest town)
膜()	d. NAME OF HOSPITAL OR INSTITUTION (If not 'n hospital, give street address) d. STREET ADDRESS , e IS RETID NOT
Y	1620 Freedom utry YES NO
	3. NAME OF STATUS First C Middle CITAMAN DATE Month Day Year (Type or print) STAMAN & CITAMAN DEATH S 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DIVORCED SOLD 1.21 - 1949 9. AGE (In years IF UNDER 17EAR IF UNDER 24 HPS) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 DIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
-	13. EATHER'S NAME, OR SUPER SMAIDEN NAME OF CHARACTER SMAIDEN NAME OF
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 1620
	18. CAUSE OF DEATH [Enter only one couse per line for [9), (b), and (c).]
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DROWNING
/	929.8 DUE TO
٧	Conditions, if any, which (b) gove rise to immediate course
	(o), stoting the underlying DUE TO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
0	PERFORMED? YES NO NO
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)
	23 17 11 70 1 10 10 10 10 11 11 11
Ø.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20t. (City or town) (County) (Stote) Hour 5.70. P. m. 8/7/58 19 Of work of
	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and in my
	apinian death rejulted fram: Natural causes [], Accident [] Suicide [], Hamicide [], Undefermined manner []
	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DO ASSI
Ó	EXAMINER'S PAUL F. GUERIN DEPUTY MEDICAL EXAMINER S
	220. BURIAL CREMATION 226. DATE THEREOFY 22c. NAME OF CEMETERY OR CREMATORY (22d LOCATION (City, town, pr county), (Stole)
	23. SUNERAY DIRECTOR'S SIGNATURE ADDRESS 20 240. REC'D BY REGISTRAR 246. RECTYTIAR'S SIGNATURE
	Aprilip Herurgians Orleans at DATE AUG 5 158 With educh



VS A15 (4) 15M 9/55 08765

774 CERTIFICATE OF DEATH

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8774	42111197	TIE OF PEATIT	Reg. Di	ist. No.				
1 PLACE OF DEATH o. COUNTY	nce before admission)							
Baltimore	MARYLAND	o. STATE Marylan	Maryland 6. COUNTY					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi					
Fort Howard	, V							
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	125 days	Baltimo d. STREET ADDRESS		e. IS RESIDENCE				
Veterans Administration	Hospital	118 W.	Mulberry St	ON A FARM? YES NO W				
3 NAME OF First DECEASED	Middle		. DATE Month	Day Yeor				
(Type or print) FREDERIC	CK	CHIN	OF DEATH August	1/1 1958				
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED-	B. DATE OF BIRTH	9. AGE (In years IF UNDER	LI YEAR IF UNDER 24 HRS.				
Male Yellow WIDOWE		November 21. 1	QOO E'7 yrs. Months	Days Hours Min.				
10a USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or	foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?				
Laundryman	Laundry	China	11	S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .					
Low Chin		Lee Yee C	hin					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. #	VEORMANT	Address					
	18-22-69h3 C1	in. Rec., Vet.	Adm. Hospital, F	ort Howard Md				
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]			INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY METASTATIC CARCINOMA, PRIMARY SITE UNKNOWN ONSET AND DEAT								
	SIBLE RENAL TU		TI OHIDIONI	UNKNOWN				
Conditions if any which	- San Anna Anna Anna Anna Anna Anna Anna	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		011111101111				
gove rise to immediate								
couse (o), stoling the under- lying couse lost.								
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PAR	T I(a) 19. WAS AUTOPSY				
5 2 × DIABETES ME				PERFORMED? YES NO T				
# 20a. ACCIDENT WAS UNDERLYING [] 20b DESCI		(Enter nature of injury in Port	t f or Port II of Item 18.)	1 110 110 110				
	JURY OCCURRED 20e PLA	CE OF INJURY (Home, form,	20f (City or town) (r	County) (Stote)				
Hour o.m. While of work:	Not while for	tory, street, office bldg., etc.)		,				
		10 F/O . Assert	at 7)					
21. I certify that X attended the deceased	o from. JSPCILL IO	2, IY29 TO.BUEU	35 M. 1920 Hetel	hosenobadcorodd				
2000 Para Cara Cara Cara Cara Cara Cara Cara	ECC and that death		M, from the causes and an ti DRESS (Street, city or town, stole)					
ACTUAL SIGNATURE				DATE SIGNED				
SIGNATURE	A	A.DVAH_FtH	icward,-Md	8/15/5				
PHYSICIAN'S NAME (Type)								
220. BURIAL, CREMATION, 22b DATE THEREOF	22c. NAME OF CEMETERY OR		GU-					
REMOVAL (Specify) 8-18-58		CREMATURY 22	d LOCATION (City, town, or county)	(Stote)				
23. FUNERAL DIRECTOR'S SIGNATURE. /	ADDRESS Park	24g, REC'D B	Woodlawn, Marylas	nd				
rum Book-Blight, Vnc				3. Hour				
Wm. Cook Plickt Inc. 6000	Harford Rd. P	olto Md DATE	UG 1 9 158 arthur	A. TVANA				



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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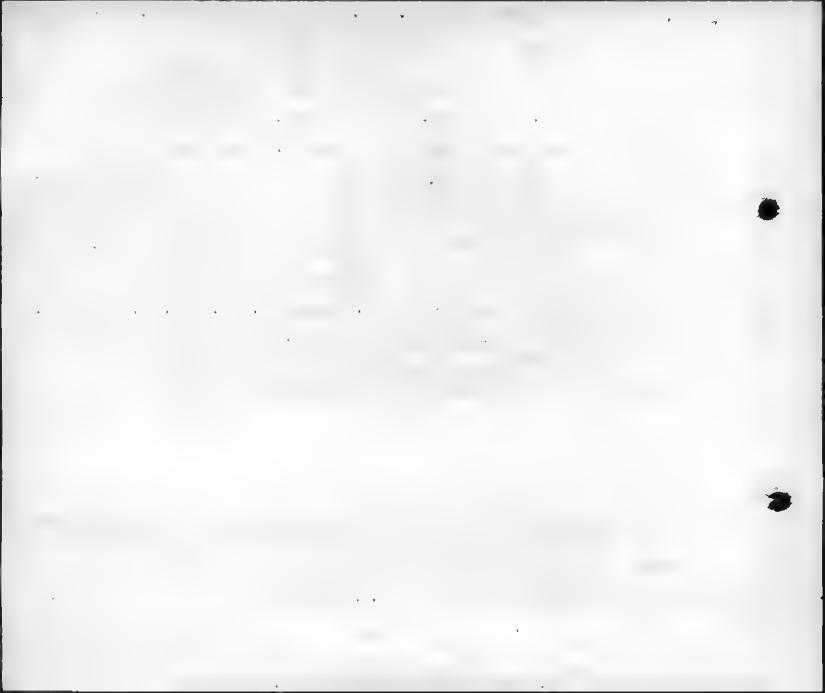
MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	2
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		8776		CERTIFI	CA	TIE OF DEA	411	1			Reg. D	ist. No		
	LACE OF DEATH COUNTY	Baltimore	•	MARYLA	ND	2 USUAL RESIDENCE O. STATE Md	E (Wh	ere deceased	d lived. b.	If institution	an- Reside	ence befo	are admis	sion)
į.	CITY OR TOWN (I	f autside carporate limi careit tawn)	ts, write	E. LENGTH OF STAY IN	16	c CITY OR TOWN		ulsida carpo MO TO	rate limi	ts, write R	URAL and		arest taw	n) 📝
•	I. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, or Presbyteria	nve street Rn Ho	address) Me of Nd.		d. STREET ADDRE		Lakes	ide	Ave.	*			SIDENCE A FARM?
(IAME OF DECEASED Type or print)	Margar	et	Middle		Cooper		4. DATE OF DEATH		Augu		D ₀) .	Year 19 58
	emale	white	WIDOW		3 J	L DATE OF BIRTH			lost l	(In years pirthday) 86 yrs.	Months (Hours	ER 24 HRS Min.
10a.	nousewile	DN (Give kind of work king life, even if retired	dane 10b	KIND OF BUSINESS OR II	NDU S1	Baltim			ountry)		12 C	ITIZEN (OF WHAT	COUNTRY
13. (FATHER'S NAME			· · · · · · · · · · · · · · · · · · ·		14 MOTHER'S MAIL								
	August					Elizabe	th	Scha	effe	r				
IS. Y	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.		FORMANT Ords	Pre	abyte	rian	Home	of	Md.	Town	on, Ed
	18. CAUSE OF DEA	TH [Enter only one co	use per in	ne for (a), (b), and (c).]								INT	ERVAL B	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	Pheymon	110	- Hypes	5.70	T/C					SET AND	
	332×					11								7.3
	Candilians, if a	ny, which) (b	. (Gerebral	B	rteriose	100	105/5		1 th			618x	
	gave rise to a couse (a), stating lying cause last.		Y	serebral multiple e	er	ebral tar	OW	Vesise	25				7	-X
CERTIFICATION	PART II OTH	IER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH	BUT N	NOT RELATED TO THE	TERMI	VAL DISEASI	E COND	ITION GIV	EN IN PA	RT 1(a)	PERFC	AUTOPSY DRMED?
	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED	(Enter nature of inju	ry in P	art I ar Part	I II of ite	m 18.)				
MEDICAL	20c, TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED 20e Not while k at work	r. PLA(CE OF INJURY (Home, arrest, affice bldg	form,	20f. (City	or town)		(County)		(State)
	21 I certify th	at I ottended the	deceas	ed from JAN	<i>[</i>		4	AGUST	- 9	19.58	that I	lost s	ow the	decease
	alive on JUL	4 21	. 12 4	28_, and that de	eath (occurred of 6	A.	M. from	n the c	Ouses o	nd on	the do	te stat	ad above
	ACTUAL SIGNATURE	J. Thuro	e ,	/		1.0. 22/		ADDRESS (Sh	real, city					ATE SIGNE:
	PHYSICIAN'S NAME (Type)	J. VENA	BL					IMOR		12,	MA	P.4 L	AN	Ď
220. Bu	BURIAL, CREMATIO REMOVAL (Specify)	Aug. 11,	1958	22c NAME OF CEMETER LOTTAINS	RY OR	CREMATORY		Balt:	HON (CI	ly, lawn, o	r caunty)		Md.	e)
23 J	UNERAL DIRECTOR	S SIGNATURE Chell & Sor	a In	G. 1900 Bute	w F	24a.	REC'E	BY REGIST	RAR	246 REGIS	TRAR'S S	GNATU	RE	



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH Rea. Dist. No. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Baltimore o. STATE Md. **b** COUNTY MARYLAND b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL THE GIVE THE THE TOWN Woodlawn d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE OR INSTITUTION 2103 Park Place ON A FARM? 2103 Park Place YES I NO I NAME OF Middle 4. DATE Croghan Aug-11 DECEASED George Leo OF 58 (Type or print) DEATH 10 5. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. male white May 18, 1894 an burthdoy) Months Days Hours DIVORCED WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY adurang most of working life, even if retired) Telephone Co. Baltimore. Md. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter B. Crogham Mary E. Chambers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (III yet give war or dates of service) Mrs. Anna Bauer Croghan 2103 Park Place Yes 18. CAUSE OF DEATH [Enter only one cause per_ine for (a), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) QNSET AND DEATH 108X **DUE TO** Conditions, if any, which ! gove rise to immediate **DUE TO** cause (a), staling the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Not while at work all all work p. m. 21. I certify that I attended the deceased fram: 19 ... that I last saw the deceased O and that death accurred at 3 \$ A from the causes and an the date stated above. DATE SIGNED

ACTUAL

PHYSICIAN'S

NAME [Type]

M. Paul Byerly M. D.

3033 W. North Ave.

220. BURIAL CREMATION 225 DATE THEREOF Buffer (Specify) Aug. 15.1958 23. FUNERAL DIRECTOR'S SIGNATURE

Baltimore National John O. Mitchell & Sons Inc. 1900 Eutaw Place

22c NAME OF CEMETERY OR CREMATORY

24o. REC'D BY REGISTRAR AUG 1 3 '58

24b. REGISTRAR'S SIGNATURE Orthor P Thous (State)

Md -

22d LOCATION (City, town, or county)

Baltimore.

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VS ATS (4) TSM 9/SS 00

	8779	CERTIFICA	TE OF DEATH	l Re	eg. Dist. No.
1.	PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Pauna	ere deceased lived If institution: I b. COUNTY	Residence before admission)
_	b. CITY OR TOWN (If outside corporate limits, write gural and give appear town) A V A Dev V Dev Institution The Son 15 home of the street	ELENGTH OF STAY IN 16 FWEEK	c. CITY OR TOWN I IF OU Ruval d. STREET ADDRESS	utside corporate limits, write RURA Sauan Ug	, V 0
3. S.	NAME OF First DECEASED (Type or print) SUSAU	Catherine	C YO M &	4. DATE Month OF DEATH 9. AGE (In years lift)	Day Year 23 1958 UNDER 1 YEAR IF UNDER 24 HRS.
L	F W WIDOWED	DIVORCED 🗆	Nov. 7, 188	7.5 yrs.	gayla Days Hours Min.
	usual Occupation (Give kind of work done 10b. Ki during most of working life, aven if retired)	IND OF BUSINESS OR INDUS	York	County.	12. CITIZEN OF WHAT COUNTRY?
	Charles Lefe	UGY	14. MOTHER'S MAIDEN N	sa Rayid	ffmay
IŞ.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SC	OCIAL SECURITY NO. 17 H	While Gren	Address Sever	Valleys #1 Pa
	PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO	for (c), (b), and (c) } **Conary 41	rombone	e lost des	ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause last.	nongun	- ryperienca	M Bear Med	de jesto.
ICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HEE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Port II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o, m, 19 While of work	Not while for	ACE OF INJURY (Home, form, torm, street, office bldg., etc.)		(County) (State)
	21. I certify that I attended the deceased alive an 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ard, and that death		A .	an the date stated above. PATE SIGNED 23/58
22	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	1-	22d LOCATION (City, Iown, or co	ounty) P (State)
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS W Fragon			AR'S SIGNATURE



VS A15 (4) 15M 9/5S ı

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		8780		CERT	IFIC.	ATE	OF D	EATH]			Reg. D	ist. No.		
1.	PLACE OF DEATH COUNTY Baltim	ore		MAR	YLAND	2 1	STATE	yland	ere decease	d lived. If in b. COU		nı Residei	nce befor	re odmisi	ionj
Г	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b		. CITY OR TO	OWN (If o	ulside corpo	rote limits, w			_	rest tows)
	Fort H	oward		49 Days			Bal	timor	е	9	VO	1.1	7		
	or institution Vetera	AL (If not in hospitol, one Adminis	trati	on Hospita	al		d STREET AC 244		th Ca	lvert					FARM?
3.	NAME OF DECEASED (Type or print)	Fii GU		Middle F.	b		CRUM		4. DATE OF DEATH	Augu	Mon#	h	25	,	Yeor 1958
5.	SEX	6. COLOR OR RACE		IED A NEVER MARK	IED 🗌	8. DA	TE OF BIRTH		I	9. AGE [In)		IF UNDE		IF UND	ER 24 HRS.
	Male	White	WIDOWE	D DIVORCE	ED 🗍	7.	/14/97			61	yrs.	Months	Days	Hours	Min
10	o USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS	OR INDU	ISTRY	11. BIRTHPLA	CE (State 4	or foreign c	ountry)		12. CI	TIZEN O	F WHAT	COUNTRY
L	Parcel Pos			S. Post	Offi	ce	Frede	rick,	Mary	land		U	. S.	A.	
13	FATHER'S NAME						. MOTHER'S		_						
4_	Charles Cr	um		-			Cather	ine K	ing						
	WAS DECEASED EVER	R IN U.S. ARMED FOR		SOCIAL SECURITY NO			MANT				Addre				
L	Yes	WW I		None	C	lin	.Rec.,	Vet.A	odm. H	lospita	l,F	t.Ho	ward	عائد وا	rylan
Г		TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	DIE	e for (o). (b). and (c) LMONARY ED		ANT	CONGE	STTO	3				INTE	RVAL BE	HTA3D BSS
	11 1 15	DUE TO		RONARY ART						VID.					O.N.O.
	Conditions, if on	y, which)		CARDIO IN				,					137	ıknor	wna .
	gove rise to in couse (a), stating t	nmediate (45444	
L	lying couse lost.) (c)												
CATION		ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BU	TONT	RELATED TO	THE TERMIN	NAL DISEAS	E CONDITIO	N GIVE	N IN PAI	RT 1(a) 1	PERFC	AUTOPSY DRMED?
CERTIFI		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY O	OCCURRI	ED (En	iter nature of	injury in P	ort tor Por	I II of item 11	B)				
MEDICAL	20c. TIME OF INJURY Hour e.m.	Month, Day, Ye	20d. In White of work	Not while	20e Pi	LACE C	OF INJURY (H street, office	lome, farm, bldg., etc.	20f. (Cit	y or town)		((County)		(State)
1		VA.			7		10 E8	A- A-20	nict 2	25, 19	L'S	ay yy	7777	YYYY	
L	L V	al Laffended the		XXXX and that											
П	d THE TROUCK	77	AA12AA	A CAS ONG ING	r dean	n acc	.urrea ai			m the cous			rne da		BO ODOVE ATE SIGNED
	ACTUAL SIGNATURE	lever W	2 .	Jan		, M.D,	_VAH,_			iD, MAR				8/25	5/58
	PHYSICIAN'S NAME (Type)	HERONAL CARRENT	AN- N		:		VALHOS	PITAL	FT.	HOUAF	D,	MARY	LANI	2	
22	. BURIAL CREMATION	N, 226. DAJE THERE)F	22t. NAME OF CEN	AETERY C	OR CRE	MATORY		22d. LOCA	TION (Cily, to	own, a	r county)		(Slot	•)
	REMOVAL (Specify)	8-28-19	58	Mount Di	ivet	Ce	meterv	-	Frede	erick.	Mar	<u>rvlar</u>	nd		
23	. FUNERAL DIRECTOR'S		() ()	st Patric			1	24a. REC'0	BY REGIS	TRAR 24b.	REGIST	TRAR'S S	GNATU	RE	
L	C. E. CLIN	E & SON /	Fred	lerick, Ma	ryla	ind		DATE	AUG 2 7	'58	-	molin	D. 70	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	



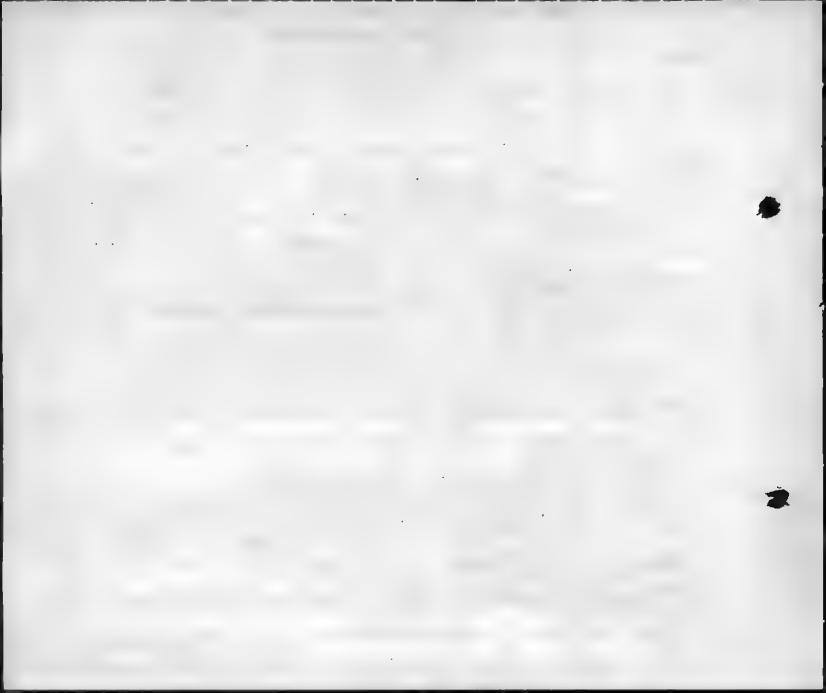
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L		8746		CERTIFIC	ATE OF	DEATI	H		Reg. D	ist. No.		
1.	PLACE OF DEATH o. COUNTY	Baltimor	e	MARYLAND	2. USUAL RES	Mary]		ed lived If institut b. COUNT	on: Reside	imor	e odmis	sion)
Γ	b. CITY OR TOWN (I RURAL and give no Dunda	f outside corporate lim grest tawn) LIC	its, write	c. LENGTH OF STAY IN 16	e. CITY OF		outside corpo	Orole limits, write	RURAL and	give rea	rest law	n)
	d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospitol, of Dunleer A			d. STREET	ADDRESS leer /	Apts.	B-4			ON /	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	ANNA	rst	Middle P.		ast	4. DATE OF DEATH	Мо	ot 6.	Do	y	Yeor 19 58
	SEX		1	IED NEVER MARRIED	8 DATE OF BIR	TH		9. AGE (In years lost birthday)	IF UNDE	Days	IF UND	ER 24 HRS
	Female	White	WIDOWE		Jan. 2			79 yrs				
100	during most of work At home	IN (Give kind of work ing life, even if retired	done 10b. }	KIND OF BUSINESS OR INDU		rvice (Stote ryland	_	country)	12. CI	U.S		T COUNTR
13.	FATHER'S NAME	dor C. Oeh	wi wa		14. MOTHER							
_						riette	TALIN					
15. (Ye	WAS DECEASED EVER	R IN U. S, ARMED FOR If you, give wor or dates of t	CES? 16. :		informant	ietta	Mays.	3409 El	more	Ave.		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	17-	se for (o), (b), and (c) \ S-C-V-Rev	u Di	SEAS	e			ONS		ETWEEN DEATH
	Conditions, if or gave rise to it couse (a), stating lying couse lost.	ny, which) (8)									
CERTIFICATION	DIVE	ERSIGNIFICANT CON 12 +1 C a L,	tis,	7 7 7 0	SoweL	r			VEN IN PAS	T 1(0) 15	PERFO	AUTOPSY DRMED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	206. DESC	RIBE HOW INJURY OCCURRI	ED (Enter nature	of injury in I	Part I or Par	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. p. p. m.	Y Month, Day, Ye	or 20d. IN While at work	Not white to	ACE OF INJURY street, offi	(Home, farm ce bldg., etc	20f. (Cit	y or town}	(County)		(Stote
	21. I certify that I attended the deceased from Hug. 4, 1968, to Hug. 6, 1958, that I last saw the decease alive on Aug. 5, 1958, and that death occurred at 10 AM, from the causes and on the date stated above											
	ACTUAL SIGNATURE M.D. 6800 MD M.D. 600 MD DATE SIGNATURE											
	PHYSICIAN'S NAME (Type)	M. B.	DA	vis M.D	No	w	Mc.	- ン>ーン	nol	-	8	18/5
220	REMOVAL (Specify)		F	22c. NAME OF CEMETERY C	R CREMATORY		22d. LOCA	TION (City, lown,	or county)		(Stot	te)
_1	Burial	8/9/58		Baltimore C	enetery		1	Baltimore	e. Md.			
23.	FUNERAL DIRECTOR'S Ullrich Fa		2112	ADDRESS 2 Dundalk Ave.		24a. REC'	D BY REGIS		ISTRAR'S SI	GNATUR	E	

DATE 7:10 1 1 158

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 tely filled in by the funeral director, Pages I and 2 should be filed with may be retained by the hospital or attending physician.

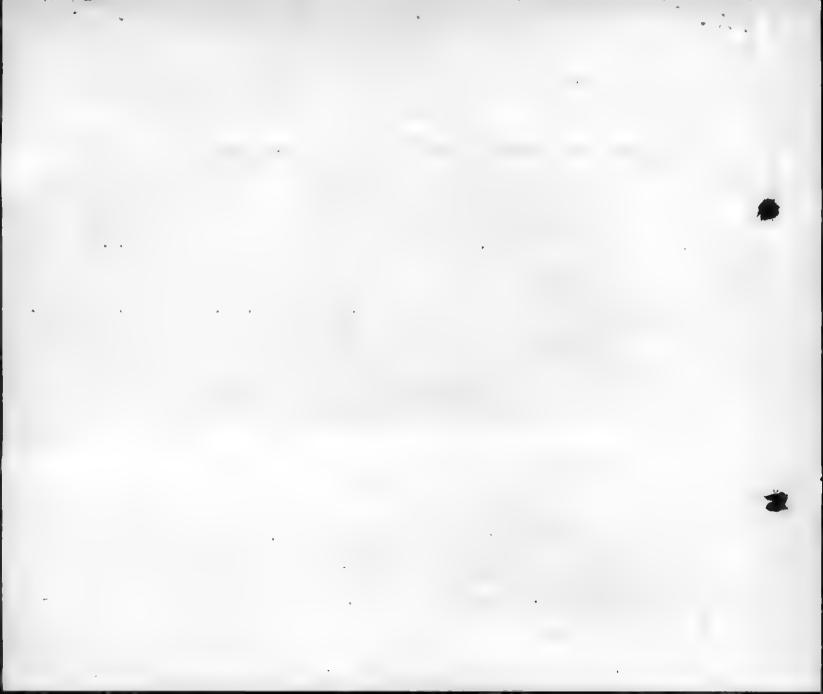
TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and compage 3 should be detached for the at the burial-transit permit. Then please remove carbon paper the registrar prior to burial, cremation, or removal, and in any event within 72 hours of demagain. VS A15 (4) 15M 9/55



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TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4	TO FUNERAL DIRECTOR: After Certificate has been signed by the attending physician and camerary filled in by the funeral director, page 3 shauld be detached for the as the burial-transit permit. Then please remove carban papir ages 1 and 2 shauld be filed with	the registrar prior to buildi, cremation, or remayal, and in any event within 72 hours offer death.
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requi	beer from	2,
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VS A15 (4) 15M 10/57

87	81	CERTII	TICA	IE OF DEA	III		Reg. Dist	, No.	
1. PLACE OF DEATH o COUNTY				2. USUAL RESIDENCE	(Where deceas			before admis	sion)
Baltimore		MARYL	AND		land	b. COUNTY	Some	rset	
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write	c. LENGTH OF STAY I	N 1b			orote limits, write R			n)
Fort Howard		147 days		Prince	ss Anne		17		1
d. NAME OF HOSPITAL (IF not in hospi OR INSTITUTION	tol, give street	oddress)		d. STREET ADDRES			-J		SIDENCE A FARM?
Veterans Admini	stratio	n Hospital		256 Chi	rch St	reet		YES	NO 🚺
3. NAME OF DECEASED	First	Middle		Lost	4 DATE OF	Mon		Day	Yeor
(Type or print) RAY	MOND	(IMMI)	DES	SHIELDS	DEATH	. August	22	2	19 58
5. SEX 6. COLOR OR RA	ACE 7 MARE	RIED NEVER MARRIES	D 🔲 8.	DATE OF BIRTH		9 AGE (In years lost birthday)	-	YEAR IF UND	
M Negro	WIDOW			10/10/96		61 yrs	Months C	Doys Hours	Min.
10a USUAL OCCUPATION (Give kind of w during most of warking life, even if re	rork done 10b.	KIND OF BUSINESS OR	INDUSTI	RY 11 BIRTHPLACE (S	lote or foreign	country)	12. CITIZ	EN OF WHA	COUNTRY
Night Watchman	M	d.State Col	lege	Venton	Maryl	and	U.	S.	
13. FATHER'S NAME				14. MOTHER'S MAIDE					
Armeias Deshi	ields			Annie	MN:	Jones			
15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO	17. INF	ORMANT		Add	ress		
Yes WW I		209-14-1987	Cl	in.Records	.Vets.A	dm.Hospit	al Ft.	Howard	. Md.
18. CAUSE OF DEATH [Enter only or	ne couse per li	ne for (o), (b), and (c)]						INTERVAL B	ETWEEN
PART I. DEATH WAS CAUSED	BY: DDC	ONCHOPNEUMON	TTA D	TOUR TIMO				ONSET AND	DEATH
150 X DU	E TO	MOHOL MEDIO!	ATV T	TOME LONG				UNKNO	MN
Canditions, if any, which	DTC	מטיאומים ידעו	TREAD	MACDAT DIC	TRIPE A			TRITITIE	W. 19.7
gave rise to immediate	(0)			HAGEAL FIS				UNKN	WIN
couse (o), stating the <u>under-</u> (ည်ယွင်	JAMOUS CELL	CARC IN_PP	INOMA OF E	SOPHACI	IS WITH EN	ROSION	UNK	IOMN
PART IF OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE T	RMINAL DISEA	SE CONDITION GIV	EN IN PART		
3 4917									RMED?
PART II OTHER SIGNIFICANT 1 9 1 × 200 ACCIDENT WAS UNDERLYING DO CONTRIBUTING DO CAUSE OF DE LITTER, NOTIFY MEDICAL EXAMIN	3 20b. DES	CRISE HOW INJURY OC	CURRED.	(Enter nature of injury	in Port 1 or Fa	rt II of item 18.)			
20c. TIME OF INJURY Month, Doy,	Yeor 20d, II	NJURY OCCURRED Not while	20e. PLAC facta	E OF INJURY (Home, ry, street, office bldg.,	orm, 20f (Cit etc.)	y ar town)	(Co	unty)	(State)
ο. m	19 at wor								
21. I certify that (kattended	the deceas	ed from March	28	19.58, to	August	22 19 58	tkatstsla	sk waaxila c	newoewsex.
01000000000000000000000000000000000000		2000 and that	death a	ccurred of 2:0	5P . M. fro	m the causes a	nd on the	date stat	ed obave
lill at 1	77 [.	1				street, city or town,			ATE SIGNED
SIGNATURE TO A STATE OF	Leval	June .	м.	D. VAH, FOR	T HOWAR	D, MARYLA	MD	8/	23/58
PHYSICIAN'S BERTRAND	E. LOWE	NSTRIN	10	I.D. VAH.	TORT H	TADD MAI	רוזג ג דעכ	8.	-23-58
220. BURIAL, CREMATION, 22b. DATE TH		22c. NAME OF CEME				TION (City town,	er rangel		
REMOVAL (Specify)	11.58	1						(Slot	6)
Burial 23. FUNERAL DIRECTOR'S SIGNATURE	4-4-0	ADDRESS	تابا د	MENURY	EC'D BY REGIS		MAK)		
							Thun S. 1		
William H. James 1	Inderta	ker Princes	s An	ne, lid. DATE	AUG 2 7	58 Ch	WW. /	UZONA.	



VS A15 (4) 15M 10/57

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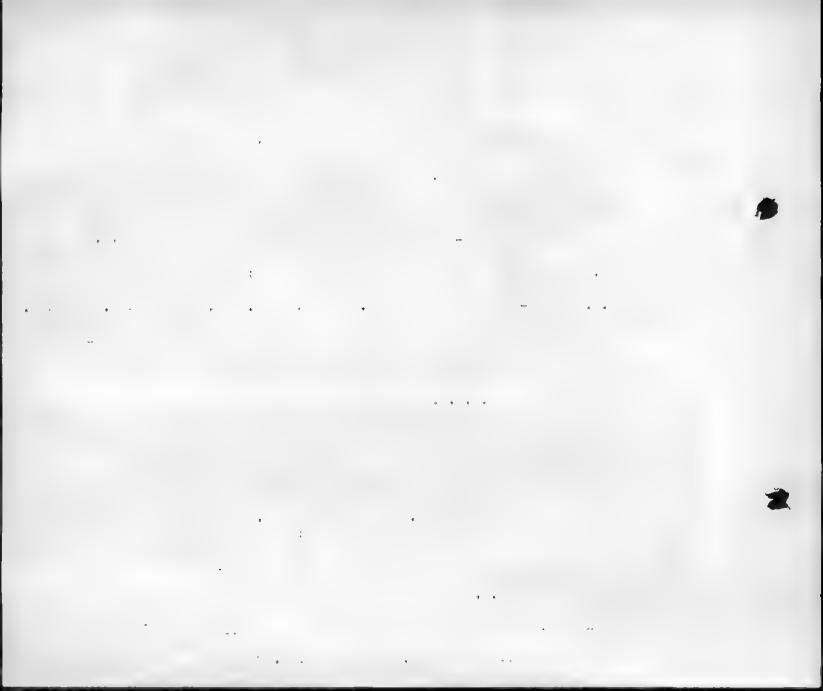
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	878	32_	CERT	IFICA	TE OF D	EATH	1		Reg. Dist.	No.	
1. PLACE OF DEATH 0. COUNTY	Baltimore	9	MAI	RYLAND	2 USUAL RESID	Md.	ere deceased lived	If institute b. COUNTY	_	before odmissi	on)
b. CITY OR TOWN (I RURAL and give no	If outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 16	c. CITY OR 1	OWN (If o	utside corporate li	nits, write R	URAL and give	e nearest town	1
	Pikesvil.		3 yrs.	•	*	Pike	sville			_	
d NAME OF HOSPIT OR INSTITUTION	IAL (If not in haspital, g	jive street (address)		d. STREET A					e. IS RESI ON A	DENCE FARM?
	106 Reist	erst	own Road		·	106	Reisters	town F	load	YES 🗌	но 🗌
3 NAME OF DECEASED	Fir	st	Midd		Las		4. DATE OF	Mon		/	rear .
(Type or print)	Vinc			ispin				The state of the s	14, 19		9
5. SEX	6. COLOR OR RACE		_		DATE OF BIRTH		9 AG los	E (In years i birthday)		YEAR IF UNDE	R 74 HRS
Male	White	WIDOWE		-	Feb. 29	, 1 90	4	54 Yrs			
10a USUAL OCCUPATION during most of warf	DN (Give kind of work i king life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUS						EN OF WHAT	COUNTRY
Cles	rk	Me	<u>eat Market</u>	t		ltimo			0.	S.A.	
13, FATHER'S NAME		210			14. MOTHER'S						
15 1444 0000 1000 000	Salvatore					oseph	ine Zito				,
15. WAS DECEASED EVE (Yes, no. or unknown)	If yes, give wor or dotes of s	meatica)			FORMANT	a	30/	Addr		n a	
no			15-28-780/		. Mary	Gucci	one, 106	Reist	erstow		
	ATH [Enter only one co		1	•	4-11					INTERVAL BET ONSET AND	DEATH
1528	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		weineme								
1	DUE TO		Car eve		- tr	1-1-0				195	7
Conditions, if a gove rise to it	mmediate		CAN EUT	erd -	THE 14 31	ancu	100-				
cause (a), stating lying cause last.		•									
	J (c TER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT SELATED TO	THE TERM	NIAL DISEASE CON	DITION ON	EAL IN PAGE 1	(-VI30 WAS A	LITOREY
2									EN IN PARI I	PERFO	RMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED	. (Enter nature a	injury in F	Part I ar Part II of	item 18.)			
20c. TIME OF INJUR Hour a. m.	Y Manth, Day, Yes 19	While	Nat while	20e. PLA foc	CE OF INJURY H	lame, form bldg., etc.	20f (City or tax	vn)	(Co.	inly]	(State)
21. Leartify th	of Lottended the	decease	ed from	Dio.	13/10 1%	to 2	Presider 1	4 10 F8	that I la	t saw than	dassaus
olive on	My wor 1						M, from the				
	DIO .		N/	, GCG1111	occorred or.		ADDRESS (Street, c				TE SIGNED
ACTUAL SIGNATURE	Mathuny	6-1	redle	<u></u> ^	A.D4215	-Park	Heights	Ave.	Balto.	Md.	
PHYSICIAN'S NAME (Type)			eedle, M.				Heights			Md.	
220- BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CE				22d LOCATION ((State)
Burial		1958		ral C	emetery		Baltim	Y	ld.		
23 FUNERAL DIRECTOR		1/77	ADDRESS	-1.4.	Dalla.		BY REGISTRAR		TRAR'S SIGN		
WILL ON MITTER	James min.	4011	rark Hei	gnts.	DELLEG.	DATE H	WW 3 6 58		Allen 9	do	





VS A15 (4) 15M 10/57

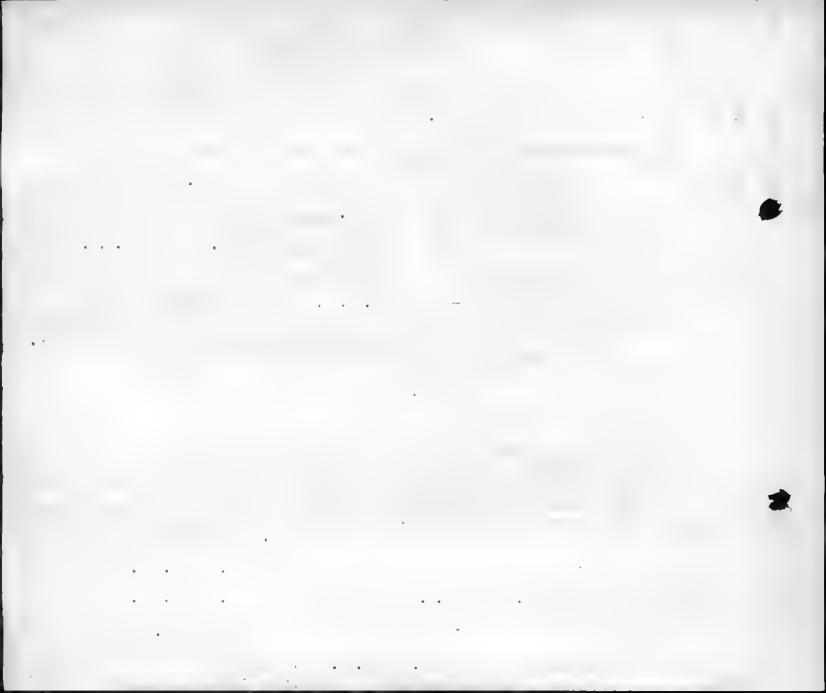
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8784 CERTIFICATE OF DEATH

		- CERTIFICATION OF			Reg. Dis	t. No.
1. PLACE OF DEATH			2 USUAL RESIDENCE (Wh			e before admission)
o. COUNTY	Baltimore	MARYLANO	Maryland	t	COUNTY Balt	imore
b. CITY OR TOWI	N (If outside corporate fimits, we nearest town)	rite c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If o	_ `	its, write RURAL and g	ive negrest tawn)
	tonsville	2 yrs. 6 mon	Rural-Caton	sville		
OR INSTITUTIO		iree) oddress)	d STREET ADDRESS	andh Dane		on a Farm? YES NO X
	rksworth Road		1018 Marksw		1.	I LES [] NO [V]
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Year
(Type or print)	JOHN	PATRICK	DORNAN		ig. 28, 195	
5. SEX	6. COLOR OR RACE 7.	MARRIED 🚺 NEVER MARRIED 🔲	B. DATE OF BIRTH	9 AGI		YEAR IF UNDER 24 HRS
Male	White we	DOWED DIVORCED	Feb. 10, 188		72 yrs Monins	Days Hours Min
On USUAL OCCUPA	ATION (Give kind of work done working life, even if retired)	10b. KIND OF BUSINESS OR INDUS				ZEN OF WHAT COUNT
Audito	or	Insurance	Philadelp			J.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
	John Dom		Brigid C	arney		
5. WAS DECEASED (Yes no or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service		ormant s. J. P. Dorn	an 1018	Address Marksworth	Road
no		ET)-01-0007	5. U. I. DOIII	dii, 2020	TIGINGI OI	1 10001
18. CAUSE OF	DEATH [Enter only one couse	per line for (a), (b), and (c).]				INTERVAL BETWEEN
PART L	DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Arterie slceroti	c gardio vas	mular dis	ease	ONSET AND DEATH
Whole a.	,	211 001 20 02012 002				
Conditions i	f ony, which)					
gove rise to						
lying couse to	ing the under-					
		ONS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERM	NAL DISSAGE CON	DITION CIVEN IN BARS	LICAL DE MAS AUTORS
PANT II.	OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RECATED TO THE FERMI	NAT DISEASE CON	DITION GIVEN IN PAK	PERFORMED?
						YES NO
20a ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING [] 20b ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER]	. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in l	Part I or Part II of i	tem 18.)	
3 20c TIME OF IN	JURY Month, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City or lov	rn) (C	ounty) (Stale
20c TIME OF IN Hour o.	10	While Not while for	tory, street, affice bldg., etc.)		,,
·	m c		- P - P	1 60	-0	
			19.5k, to A			
olive on Au	gust 28	12 58 , and that death	occurred ot 3:30	A.M. from the	couses and on th	ne dote stated obo
	1000110 W	/1//		ADDRESS (Street, ci	ly or town, slate)	DATE SIGN
ACTUAL SIGNATURE	U helip AV. ?	typen	M.D. 11 East Ch	ase St. 1	Balto. Md.	
		1				
PHYSICIAN'S NAME (Type)	Philip D.	Flynn, M.D.	11 East Ch	ase St.	Balto. Md.	
220. BURIAL CREMA		22c. NAME OF CEMETERY O			City, town, ar county)	(State)
REMOVAL (Spec		Cathedral Ce		Baltimo		faiorel
Burial 3. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS		DELICITION D BY REGISTRAR	24b REGISTRAR'S SIG	NATION
// 1/					CINTINA &	
KOIIZUMO	ngemmen. 46.	ll Park Hgts. Bal	to.Md. DATE S	Eh Z 29	C. PARALLE	- / VValvine



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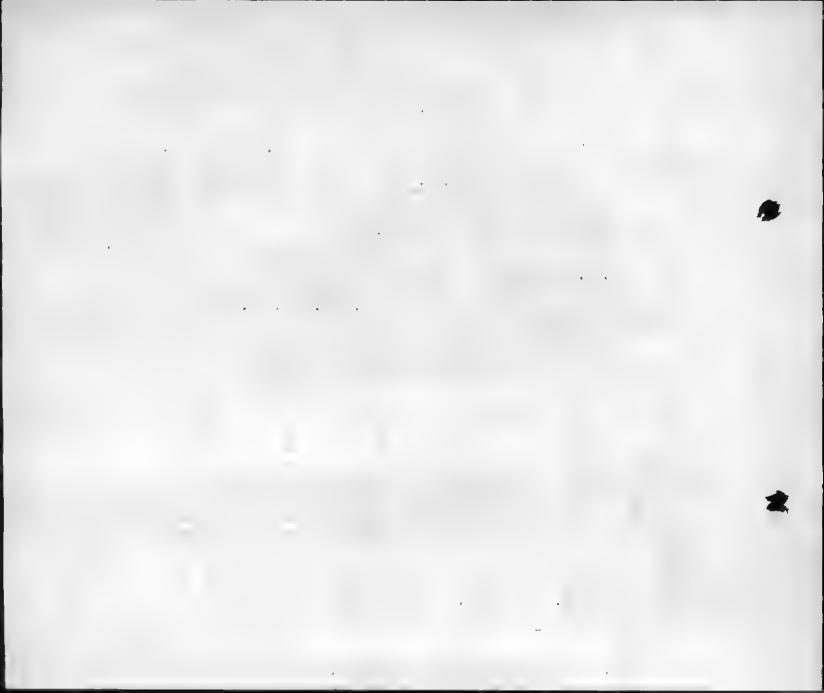
Vs. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8785 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08777

Reg Dist No.

1. PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Where deceased lived If Institution: Resid	fence before admission)			
Baltimore	MARYLAN	o state Maryland b county				
b. CITY OR TOWN (If auturde corporate limits, write &	RURAL C. LENGTH OF STAY IN 1	c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
and give recrest town)		Baltimore 3V	1. 1			
Fort Howard	<u>5 min</u>	DS I G III DI E	-			
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?			
Veterans Administrat	ion Hospitel	1702 E. Milliman St.	YES 🔲 NO 💂			
3. NAME OF First DECEASED	Middle	Last 4. DATE Month	Day Year			
(Type or print)	E. A.	DOUGHERTY OF August	7), 19 58			
	- MARRIED - NEVER MARRIED		RIYEAR IF UNDER 24 HRS.			
		lost butheley Months	Days Hours Min.			
Male Colored	WIDOWED DIVORCED	USTRY IN BIRTHPIACE (State of Foreign country) 12. CIT				
10o. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR IND	USTRY TH. BIRTHPLACE (State of Foreign country) 12. CI	FIZEN OF WHAT COUNTRY			
		Baltimore, Maryland	I.S.A			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
James E. A. Doughe	nashar	1 7				
15. WAS DECEASED EVER IN U. S. ARMED FORCE		Minnie Forman Minnie Forman Address				
(Yes, no, or unknown) [(if yes, give was or detect of ser	(MODE)		and the second second second			
Yes WI	Unknown	CLIN. REC., VET. ADM. HOSPITAL, FT. HO	WARD, MD			
18. CAUSE OF DEATH Enter only one couse	per line for (a), (b), and (c).		INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY:	THE PARTY TO THE PARTY TO	DIOC CALTURE DODNARTON DICHT	ONSEL AND DEATH			
44.11 X		INGS, CAVITY FORMATION, RIGHT	9 T.T1-			
ANE YOU	LOWER LOBE		1 Week			
Canditians, if any, which	PULMONARY EMBOLTS	SM RIGHT LOWER LOBE				
gave rise to immediate cause ((a), stating the underlying (DUE TO						
cause fast.						
Z PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT I(a) 19. WAS AUTOPSY			
2			PERFORMED?			
THROMBOSIS OF		GHT TRANSVERSE SINUSES	YES - NO [
PART II. OTHER SIGNIFICANT CONDITION THROMBOSTS OF 200. EXTERNAL CAUSE WAS PRIMARY [] OF CONTRIBUTING [] 20b.	DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Port I or Fort II of item 18.)				
	20d INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (Co	ounty) (State)			
20c. TIME OF INJURY Month, Day, Year Haur o. m. 19	While Not while	octory, street, affice bldg , etc.)	sound) (sucre)			
≨ p.m. 19	at work at work					
21. I certify that I took charge a	of the remains described a	bove, held on Autopsy 🗹, Inspection 🔲, Inqui	ry , ond find that			
death resulted from: Notural co	auses 🔃 , Accident 🔲 ,	buicide 🔲, Homicide 🔲, Undetermined couse 🗌].			
ACTUAL MBA	- 477.0		DATE SIGNED			
SIGNATURE	av ra					
EXAMINER'S		ASSISTANT MEDICAL EXAMINER	8/15/58			
NAME (Type) Melvin B. Day	vis. M.B.	DEPUTY MEDICAL EXAMINER	-1-212-			
220. BURIAL, CREMATION, 22b. DATE THEREOF		OR CREMATORY 22d. LOCATION (City, town, or county)	(State)			
REMOVAL (Specify) 8-18-5	8 Partiment W	etional Baltimore Marrier	ad			
23. FUNERAL DIRECTOR'S SIGNATURE	O Baltimore N.	ational Baltimore, Marylar				
AS. I DITEME WINESTON 3 STOTOLOGE	Design					
Anlington S. Philling	1208 10MMonroe S	Date My DATERIES 1 9:58 Corthur S.	Trans			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 8786 Reg. Dist. No. ¥. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution) Residence before admission) a. COUNTY Filed , b. COUNTY MARYLAND Baltimore Marvland Balt.imore hours after death." funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN Th c CITY OR TOWN (If autside carporale limits, write RURAL and give nearest lawn) Š RURAL and give nearest town) should Baltimere Fort Howard d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE 24 Veterans Administration Hospital 3728 Milford Mill Read YES NO puo 2 NAME OF DECEASED 4. DATE First Middle Lost Month Year Day DEATH (Type or print) MORTIMER DOUTY August 19 5 executed within 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) Manthe Doys DIVORCED T WIDOWED Male White 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Electrician Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician James F. Marry MN: 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT eose n Clin. Records . Vets. Adm. Hospital . Ft. Howard . Md. aftending death CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH 7 PART I. DEATH WAS CAUSED BY: ACUTE FANCREATITIS The Week IMMEDIATE CAUSE (a) **DUE TO** requires that guò Conditions, if any, which ſЫ gave rise to immediate **DUE TO** couse (a), stating the underoug lying couse last. **buriol-Ironsit** CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, PERFORMED? YES NO T 700. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) certificate MEDICAL 8 20c TIME OF INJURY Month, 20d. INJURY OCCUPRED 20e PLACE OF INJURY (Hame, form, 20f, (City or lawn) (County) (State) factory, street, affice bldg , etc.) õ Haur a.m. While Not while at work of wark 21. I corrify that vallended the deceased from August 27 ... 19.58, to August 31 ... 19.58, sacropacion consideration mission of the course and an the date stated above. should be detach AL DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE HOWARD, MARYLAND PHYSICIAN'S NAME (Type) CHIEN WET LAN FUNER! m 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22a. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY page REMOVAL (Specify) 3801 Frederick Rd. Burial ouden Park Cemetery O o ADDRESS Randallstown Md 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE DATE SED 8 VS A15 (4) Chilhung S. Hears Loring Byers Funeral Home 8728 Liberty Rd.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 🗀

> > (Stote)

DATE SIGNED

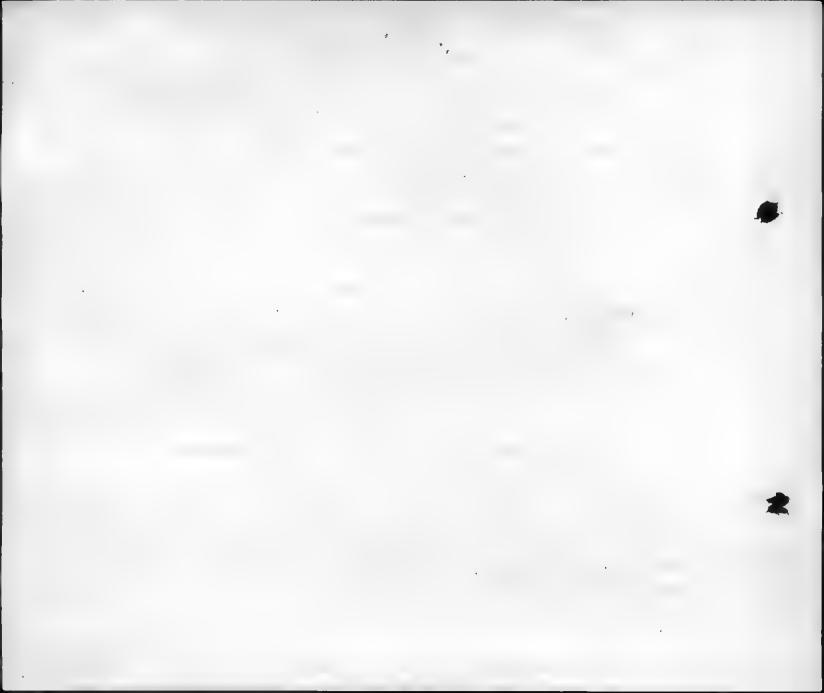
(Stote)

ON A FARM?

YES NO IX

Year

19 5 5



DATE AUG 5

Page

death.

hours ofter

within 24

executed

death

law requires that

O







after death! Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



16%	
director.	1. PLACE OF DI o. COUNTY
funeral aid be fu	b. CITY OR T RURAL one

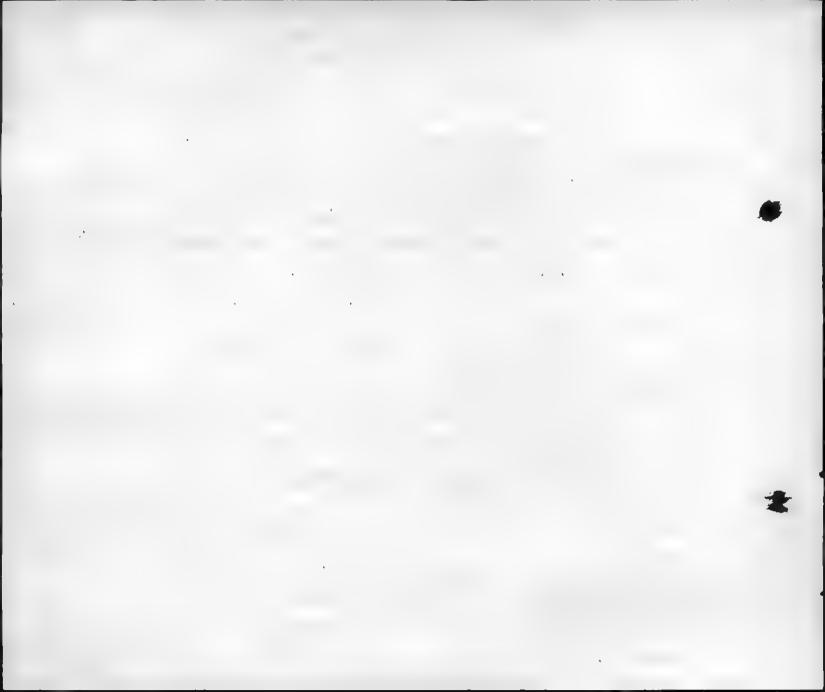
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08784

		OER III I O	AIE OF BEATTI	Reg. Dis	it. Ne.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2 USUAL RESIDENCE (Where dece o STATE Marylar	/ b county D	/ 1 1
b. CITY OR TOWN RURAL and give	N (If outside corporate limits, write e negrest town) Parkville	c. LENGTH OF STAY IN 16	CITY OR TOWN III outside co	proporate limits, write RURAL and o	give nearest town)
d NAME OF HOS OR INSTITUTIO	SPITAL (If not in haspital, give street on 3309 Texas	oddress) Avenue	STREET ADDRESS 3309 Texas	Avenue	e. IS RESIDENCE ON A FARM? YES NO DE
NAME OF DECEASED (Type or print)	Mr. Edwa	Middle wrd	Tinke DEA	Λ .	27th 19 5
s sex male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Sept. 30. 1929	9 AGE (In years of UNDER last buthday) Adams of yes	1 YEAR IF UNDER 24 HRS. Days Hours Min
during most of w	ATION (Give kind of work done 10b. working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote or foreign	n country) 12. CIT	IZEN OF WHAT COUNTRY
13. FATHER'S NAME Wil	liam H. Finke		14. MOTHER'S MAIDEN NAME Anna M. Auma	ller	O.J.
15. WAS DECEASED E	EVER IN U. S. ARMED FORCES? 16		Mrs. Florence	M. Finke, 330	9 Texas Av
	DEATH {Enter only one couse per le DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).]	onotic Lar	ooma	INTERVAL BETWEEN ONSET, AND DEATH
Conditions, if gove rise to cause (o), stalin lying cause los	ng the under-				
\$		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT OR CONTRIBUTION (IF EITHER, NOT)	WAS UNDERLYING 206. DES NG CAUSE OF DEATH IPY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I or	Port II of item 1B j	
20c. TIME OF INJ Hour o. n	n. While	Not while fo	ACE OF INJURY (Home, farm, clary, street, office bldg., etc.)	City or town) (C	County) (State)
21. I certify alive an	that I attended the deceas		19.57, to Que	1 29, 1955 that I I	ast saw the decease
ACTUAL SIGNATURE	Harold HB	urns.		(Street, city or town, state)	8/27/58
PHYSICIAN'S NAME (Type)	Harold k	1. Burns	Baltimore,	Maryland	
220. BURIAL, CREMAT REMOVAL (Speri DULLAL	110N, 226. DATE THEREOF 8/30/58	Holy Redee		Baltimare,	Maryland
23. FUNERAL DIRECTO	OR'S SIGNATURE 1. J. Ruck 5305	Harford Roa	d #14 DATE BLIC 2 Q		NATURE Kraud



(18	4	8	;
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8793

HOSPITAL

WIDOWED [7]

Middle

Louis

Baltimore

d. NAME OF HOSPITAL (If not in haspital, give street address)

white

STATE

First

21. I certify that I attended the deceased from March 11

Carl

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give negrest town)
Catonsville

GROVE

brewery worker

1. PLACE OF DEATH

OR INSTITUTION

a. COUNTY

SPRING

NAME OF

male

5. SEX

DECEASED

(Type or print)

TO FATHER'S NAME

220. BURIAL CREMATION.

23 FUNERAL DIRECTOR'S SIGNATURE

Burial

CERTIFICATE OF DEATH

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 3vr7mthlOdvs Baltimore d STREET ADDRESS e. IS RESIDENCE xxx610 Glenolden Avenue YES T NO 4. DATE Year Fishback August DEATH 19 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys DIVORCED | April 14. 10a. USLAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY - Baltimore Maryland U. S. A. 14. MOTHER'S MAIDEN NAME 1991 400 400 400 400 400 400 400 400 Katherina Weisner Address HOSPITAL GROVE INTERVAL BETWEEN ONSET AND DEATH 7 Cerebi 19 WAS AUTOPSY

John Fishback IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 216-10-2995 Records: unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and-let PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1 **DUE TO** Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last, PART II. OTHER SIGNIFICANT CONDITIONS CONTES PERFORMED? YES NO R 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, PLACE OF INJURY (Home, form, Dov. Year 20d. INJURY OCCURRED 20f (City or town) (County) (Slate) factory, street, office bldg., etc.) o. m. While Not while of work 🔲 of wark p. m.

1958

22c NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

Aug. 9

Catonsville 28. Maryland

240. REC'D BY REGISTRAR

DATE

and that death accurred at 1:150.M, from the causes and an the date stated above.

ADDRESS (Street, city or fown, state)

22d. LOCATION (City, lawn, or caunty)

Glen Burnie. Maryland

246 REGISTRARIS SIGNATURE

195 8 that I last saw the deceased

DATE SIGNED

filed with director funerol Pub □ avoπ ending ony FUNERAL page 0

nours after death?

within

executed

VS A15 (4) 15M 10/57



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8794

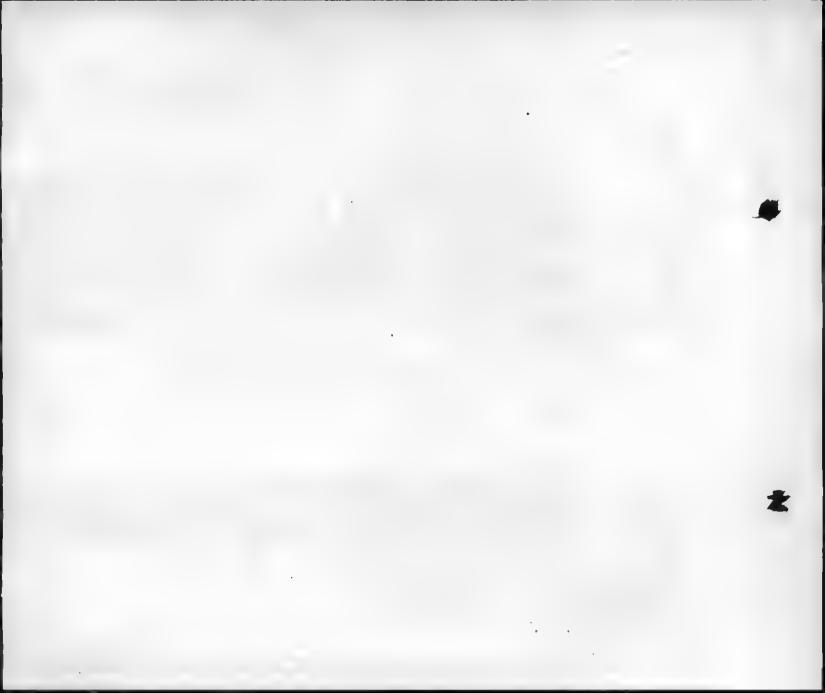
CERTIFICATE OF DEATH

Reg.	Dist.	No

US786

							R	eg. Dist. N	0.
1. PLACE OF DEATH a. COUNTY Bal	ltimore	MARYL		- CTATE	CE (Where dece		If institution: COUNTY		fare admission) ltimore
RURAL and give near	outside carporote limits, write est town) de (Balto.12)	c. LENGTH OF STAY II	N 16	c. CITY OR TOV	VN (If outside co		its, write RUR	AL and give n	earest tawn)
d. NAME OF HOSPITAL OR INSTITUTION ATTRACOST NUI	. (If not in hospital, give stree rsing Home	address)		d street add					e. IS RESIDENCE ON A FARM? YES NO X
3 NAME OF DECEASED {Type or print}	EMMA BOY	WERSOCK FOS	TER	Last	4. DAT OF DEA	_	Month ugust	27, 19	58 19
5. SEX Female	White Widov	RIED NEVER MARRIED		ATE OF BIRTH	1878	9. AGE ligst 1	3 13 5 1 1	UNDER 1 YEA Aonths Days	Haurs Min
Housewife	(Give kind of work done 10bg life, even if retired)	Own Home	INDUSTRY	Maryla	(Stote or foreig	n country)		12. CITIZEN USA	OF WHAT COUNTRY
13 FATHER'S NAME			14	I. MOTHER'S MA					
Austin Bo	DWOTSOCK IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO	17. INFOR		Curtiss		Address		
NO [1]	None 1	lone	_	mily Red	cords		Addien		
PART I. DEATH	nediale DUSTO	me for (a). (b). and (c).	Ces	white of	TION	£ (.		IN OF	ITERVAL BETWEEN NSET AND DEATH
CATIC	R SIGNIFICANT CONDITIONS UNDERLYING 20b. DE	CONTRIBUTING TO DEAT						IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
20g ACCIDENT WAS, OR CONTRIBUTING ID (IF EITHER, NOTIFY MI 20c. TIME OF INJURY Hour o. m.	Month, Day, Year 20d. While	INJURY OCCURRED 2	20e. PLACE (ne, farm, 20f. (i			(Caunt	y) (State)
21. I certify that alive on the very serial signature DR. Physician's NAME (Type) 103	I ottended the deced 19 K SECN PATION CAPERTER VAI W. Universi	active.	M.D.	Partie	ADDRESS	am the	causes and	d an the d	saw the deceased ate stated above DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) BUTIBL	226. DATE THEREOF Aug. 30,1958	Jessop's C	TERY OR CRI			_	ity, tawn, ar a	ounty) Maryle	(State) nd
John Burns	signature s! Sons, Town	on, Maryland	l		REC'D BY REC	'58	_	AR'S SIGNAT	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death Page 4 VS A15 (4) 1SM 10/S7



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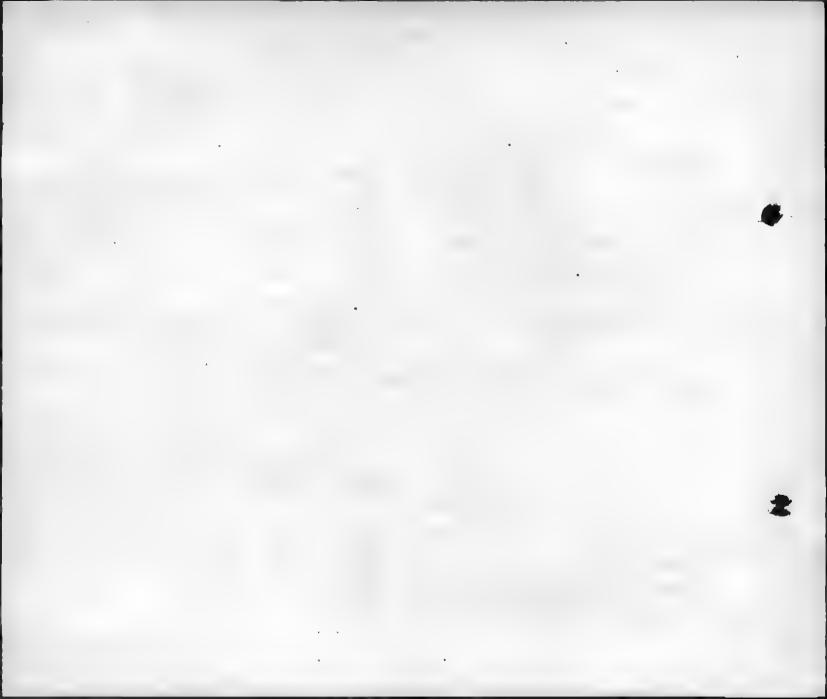
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1			8795		CENTH	CAI	E OF DEATH	Reg. Dist. No.				
	1. 1	PLACE OF DEATH					USUAL RESIDENCE (WA	ere deceosed			e before o dn	nission)
, i		Balti	more		MARYLA	ND	Marylan	d	b COUNTY	Balti	more	
	ŀ	b. CITY OR TOWN (II	f autside carporate limits arest tawn)	, write	c. LENGTH OF STAY IN	1ь	c CITY OR TOWN (If outside corporate limits, write RURAL and			RLRAL and g	ve nearest to	own)
		Parkto	n (rural)		life		Parkton (rural	.)			
0	-	d. NAME OF HOSPIT	AL (If not in hospital, giv	e street	oddress)	1/	d STREET ADDRESS		•		e, 15 1 Oh	RESIDENCE A FARM?
		M	asemore R	d			Masemo	re Ro			YES	NO 🗌
	3.	NAME OF DECEASED	First		Middle		lost	4. DATE OF	Mor	nth	Doy	Yeor
		(Type or print)	James		Carville		ster	DEATH		7-58		19
Share	5 5	_			RIED NEVER MARRIED		ATE OF BIRTH		 AGE (In years last birthday) 		Doys Hou	
4	_	male	1	WIDOW			-28-1874		83 yrs			
L	100	during most of work	ON (Give kind of work do ing life, even if retired)	ne 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	or foreign co	untry)			IAT COUNTRY?
			perator		Farm		Maryl			U	.S.A.	
	13	FATHER'S NAME				1.	MOTHER S MAIDEN N	IAME				
			y A. Fost				Mary Va	nce				
	15 (Ye)	s, no or unknown)	R IN U. S. ARMED FORC	ES7 16		17 INFO				lress		
	no none Mrs. NormaSTierh					ierho	off	abo				
			TH (Enter only and cou	te per-lu	ne for (a), (b) and (c)		1 Al.	4	++		ONSET A	BETWEEN ND DEATH
	PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) CARCINO CARCI											
			DUÉ TO			0						
		Conditions, if all gove rise to it	nmediate /									
		couse (o), staling the last.	the under- DUE TO									
	z		(c)	ITIONS (CONTR BUTING TO DEATH	H BUT NO	DELATED TO THE TERMI	NAL DISPASS	CONDITION G	VENI INI PADT	1(a) 19 W	ALLTOPSY
0	CATION	72011	ick stotatically comb	11.01432	CONTRIBUTION OF STATE	1 001140	ACCOUNT TO THE TEAM	INC DISCUSA	CONDITION OF	TO THE LAKE	PER	FORMED?
	FIC	20g ACCIDENT WA	S LINDERLYING [7]	20h DES	CRIBE HOW INJURY OCC	LIRRED (E	ater nature of injury in F	Port Lor Pari	N of stem 18)		163	
	CERTIF	OR CONTRIBUTING	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)									
		20c TIME OF INJUR	Y Month, Day, Year	20d II	NJURY OCCURRED 20		OF INJURY (Home, form		or lown)	[C	ounty)	(State)
	MEDICAL	Hour a.m.	19	While of wor		foctory.	street, office bldg., etc.)				
	-		at I attended the				. 15 3 to C	ing.	<u> کروا , ح</u>	Sthoot I I	net enu ti	a dogo arod
		alive an	<u>~</u> € 7	10.5		eath ac	curred at 9.9		the causes			
		The same	1.	-, 1,22		ouiii oc		ADDRESS (5)			e duic si	DATE SIGNED
		ACTUAL SIGNATURE 7	the bu	.7	rance	e_H.D.	1	ark	cton	ml	8/	11/50
- /			Dis		7 77 0		5)			/	
€		PHYSICIAN'S NAME (Type)	17.17.		KHNCO	D		AIS	KTON	Md		
	220	BURIAL, CREMATIO	N, 226 DATE THEREOF		22c. NAME OF CEMETE	RY OR CR	EMATORY	22d LOCAT	ION (City, town	or county)	(5	ilote)
		burial (Specify)	8-11-5	8	Pine Gro	ve E	.U.B.	Par	kton, l	Md.		
(23.	EUNERAL DIRECTOR		37	ADDRESS	1.		UG 1 3	RAR 246 REG	STRAR'S OIG	PATURE	
F		-Stall D	400 (4 022	101	rk Rd., Tow	son4	, Md . DATE	tod I o	00			

TO MOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the death certificate be executed within 24 haurs after deoth. Page 4 may be retained by the hospity or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the ottending physician and cognitively fulled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then phease remove, carbon page 1 and 2 shauld be fulled with the registror prior to buriol, cremation, or remayol, and in any event within 72 haurs ofter death. VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 GERTIFICATE OF DEATH

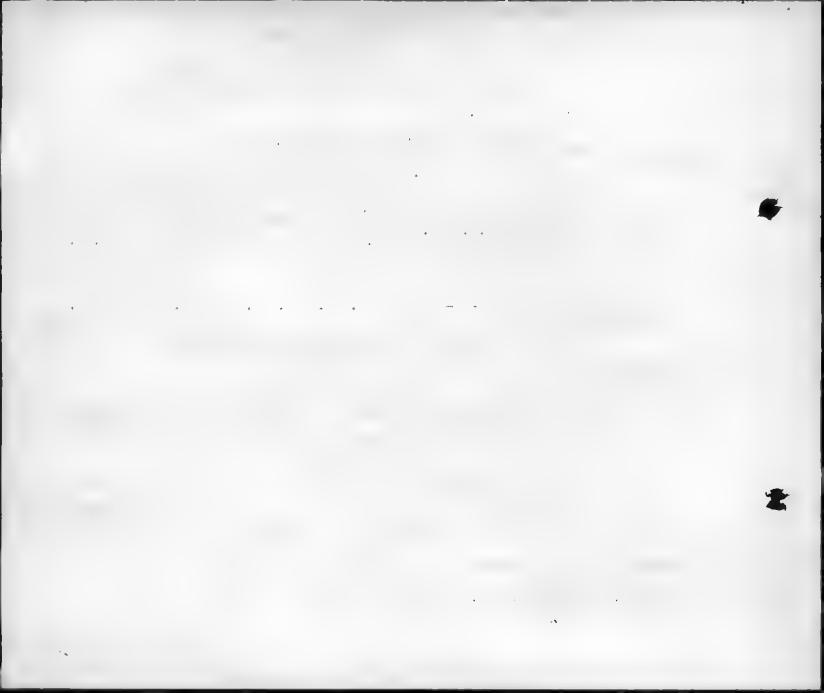
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Reg. Dist. No.

1 PLACE OF DEAT	Н			2. USUAL RESI	DENCE (Wh	ere decease	d lived If institu	tion Residenc	e before admission)
	altimore		MARYLAND	II a. SIAIE	yland		P COUNT	Υ .	Arundel
6 CITY OR TOV	Vtv (if outside corporate limite nearest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR 1	OWN (If a	wiside corpo	orale limits, write	RURAL and g	ive nearest town)
Fe	ort Howard		2 Days	Sev	ern				· ·
d. NAME OF HE OR INSTITUT	OSPITAL (If not in hospital, ION	give street	address)	d. STREET A	ODRESS				e. IS RESIDENCE ON A FARM?
V.	eterans Admin	istra	tion Hospital	248	01d	Oak R	load		YES NO
3. NAME OF DECEASED	Fi	rst	Middle	Los		4. DATE OF	Mo	nth .	Day Year
(Type or print)	FRANK		J.	FRANZ	4	DEATH	Augus	st	6. 19 5R
5. SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	1		9. AGE (In years last birthday)	Months	YEAR IF UNDER 24 HRS.
_ Male	White	WIDOW		January	22,1	1909	119 yrs		Doys Hours Min.
10a. USUAL OCCU during most of	PATION (Give kind of work working life, even if retired	done 10b	S. Ord. Post	STRY 11, BIRTHPL	ACE (Stole	or foreign c	ountry)	12. CITI	ZEN OF WHAT COUNTRY
Mechanic	(AUTOMODITE)	Ā	utomotive Dep	t. Balti	more,	Mary	land	U.	S. A.
13. FATHER'S NAM	E			14. MOTHER'S	MAIDEN N	IAME			
	ranz			Mary	Prone	ek			
15 WAS DECEASED [Yes, no or unknown)	DEVER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 17,	NFORMANT			Add	dress	
Yes	WW II		3-10-4703 C	lin.Rec.,	Vet.A	ldm. Ho	spital,F	t.Howa	rd, Md.
18. CAUSE OF	DEATH [Enter only one co	use per lir	ne for (a), (b), and (c).]						INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	GEN	ERALTZED PERT	CONTITIS A	ND FA	TTY N	ECROS TS		3+ DAYS
5 th 1	D. 15 7-		FORATION OF G				100 100		3+ DAYS
	if ony, which) (b)	1							3.2.20
	immediate OUE TO								
lying couse I	ost. (c)							
PART II.	OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	1(0) 19 WAS AUTOPSY
3 GASTRI	IC ULCER * Du	ratio	n Unknown						PERFORMED? YES-E NO
GASTRI GASTRI GASTRI GO ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLYING ITHO CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in P	ort I or Pari	I II of Hem 18.)		
3 20c. TIME OF II	NJURY Manth, Day, Ye	or 20d. It	JURY OCCURRED 20e. PL	ACE OF INJURY (F	lome, form.	20f. (City	or town	IC.	ounty) (Slote)
144	m, 19	While at work	_ Not while fo	clary, street, office	bldg., etc.)		(00	2011)
	77.4			10		-1	/ ~		777717777777
ZI. Certify	/ thoi <u>ng</u> attended the	decease	ed from August 4	, 19_50_	, to_AU	igust.	Q, 19 <u>5</u> 0	- "HPPICICIA	etrementalisment
MINADAA	MARAAAAAAAAAAAA	whor	XXXX and that death	occurred at					
ACTUAL	12.	10.	1	77 4 **			reet, city or town,		DATE SIGNED
SIGNATURE	Mar of	Jan		M.D. VAH	FORT	HOWAR	D, MARYI	AND	8/6/58
PHYSICIAN'S NAME (Type)	CHIEN WET LA	N M	D	.VAH.	FORT	HOWAR	D. MARYI	AND	
220. BURIAL CREM. REMOVAL (Spe	ATION, 226 DATE THEREC	F	22c. NAME OF CEMETERY O		T	22d. LOCAT	ION (City, Iown,	ar county)	(Stole)
Buria.	10/9/20		Oak Hill Cer	netery		Balt	imore, M	arylan	ıd
23. FUNERAL DIREC	TOR'S SIGNATURE		ADDRESS Madi	son Ave.	240. REC'D	BY REGIST		STRAR'S SIGI	
Schimunek	Funeral Home		Baltimore P	-)	DATE A	2.01	58 0	3/	-1
			- valuate,	L.				11-200	to k

VS A15 (4) 15M 10/57

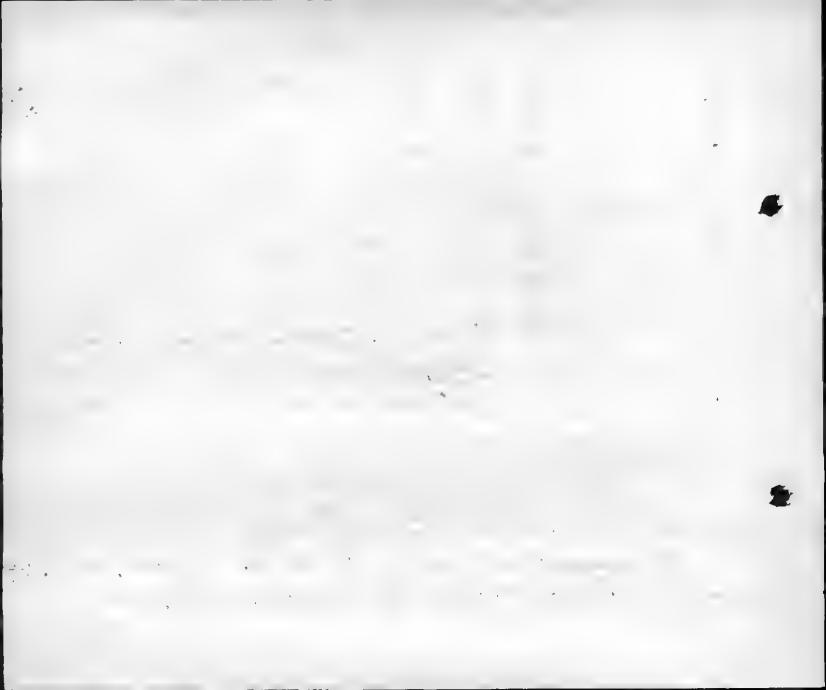




MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Them IL I CERTIFICATE OF DEATH 8798 Rea, Dist. No. a STATE **b.** COUNTY MARYLAND

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence befalve admission) a. COUNTY b. CITY OR TOWN (I) dutside carporate fruits, write RURAL and give decrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) rry d NAME OF HOSPITAL (If not in hospital, give affect address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Z 4. DATE OF DEATH 3. NAME OF Middle Day DECEASED Yeor (Type or print) 19 V 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years fost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days MIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind at work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) during mast at working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address HAUS MI 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions if any, which gave rise to immediate DUE TO couse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stale) factory, street, office bldg., etc.) Hour a.m. While Not while at work 🔲 at work 21. I certify that I attended the deceased from Legal, 1958, that I last saw the deceased alive an and that death accurred at at_M, from the causes and an the date stated above ADDRESS (Street, city, ar tawn, state) DATE SIGNED SIGNATURE NAME (Type) 220 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) REMOVAL (Specify) OWSON 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** M4a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE AUG 2 5 '58 Cirthung S. Krous

eral and ban physician hour aftending è Sug Bued burial, DIRECTOR: prior shauld HOSPITAL FUNERAL I registrar 2 0 VS A15 (4) 15M 10/57



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8799

CERTIFICATE OF DEATH

08791

0.00	021(11110)	THE OF BEATT	R	leg. Dist. No.
1. PLACE OF DEATH o, COUNTY		2. USUAL RESIDENCE (Where	deceased lived. If institutions	Residence before admission)
Baltimore	MARYLAND	o. STATE Marylan	id 6. COUNTY I	Baltimore
b. CITY OR TOWN (If autside carporate limits, write RURAL and give neasest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide carporale limits, write RUR	AL and give nearest tawn)
Sparks (rural)	12 yrs.	× Sparks (rural)	
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Phoenix Rd.		Phoenix	Rd.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First	Middle	9 (Prazil)	DATE Month OF DEATH	Day Year -1-58 19
	ED MEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
male white widower		5-1-1926	last birthday) A	Aonths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. K	Total Control			12. CITIZEN OF WHAT COUNTRY
during most at warking life, even if retired)	arry &const		_	U.S.A.
13. FATHER'S NAME	ally acoust	14. MOTHER'S MAIDEN NAM		0.0111
Thomas J. Gillispie.	Sr.	Drusill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 5		NFORMANT	Address	
[Yes, no, or unknown) (If yes, give wor or dates of service)		Ethel F. Gil	lispie.Sparl	ks. Md.
18. CAUSE OF DEATH [Enter only one couse per line				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	acute Co	conary. 5	Thrombosin	ONSET AND DEATH
4 do, 1 DUE TO		1	70-07 0 0	
Canditians, if any, which } (b)				
gave rise to immediate DUE TO				
lying cause last.				
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY
CAT				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURREN	D. (Enter nature of injury in Par	t I or Part II of item 18.]	
	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or Igwa)	(County) (State)
Hour o.m. 10 While	Not white for	clary, street, affice bldg., etc.)	zor. (City of Idwir)	(County) (State)
	= 1 / 2 /		121 10	
21. I certify that I attended the decease	15	, 19 <u>5 &</u> , to		that I lost saw the deceosed
alive an	2_6, and that deoth	accurred at 14		on the date stated above
ACTUAL G. Diochart 11	in Clark	Wal Pi	DRESS (Street, city or town, sto	DATE SIGNEE
SIGNATURE	was the same of the	M.D. JOER NY	1-1-2-3-3 f-1-1-61	1- 1- 1- 1- 1- X/1/2-
PHYSICIAN'S C. Herbert Mu	eller.Jr.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 	,
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22	2d. LOCATION (City, tawn, or e	county) (State)
Burial 8-4-58	Poplar Gro	ve	Cockeysvil	le, Md.
23. FUNERAL DIRECTOR'S SIGNATURE 622 VOT	rk Hd. Tows	m4 Md 240. REC'D E	BY REGISTRAR 246_REGISTR	AR'S SIGNATURE
J. SLOUDSOCK I	TI TIME 9 TONIOC	DATE AUG	4 '58 Cle	eruch

VS A15 (4) 15M 9/55



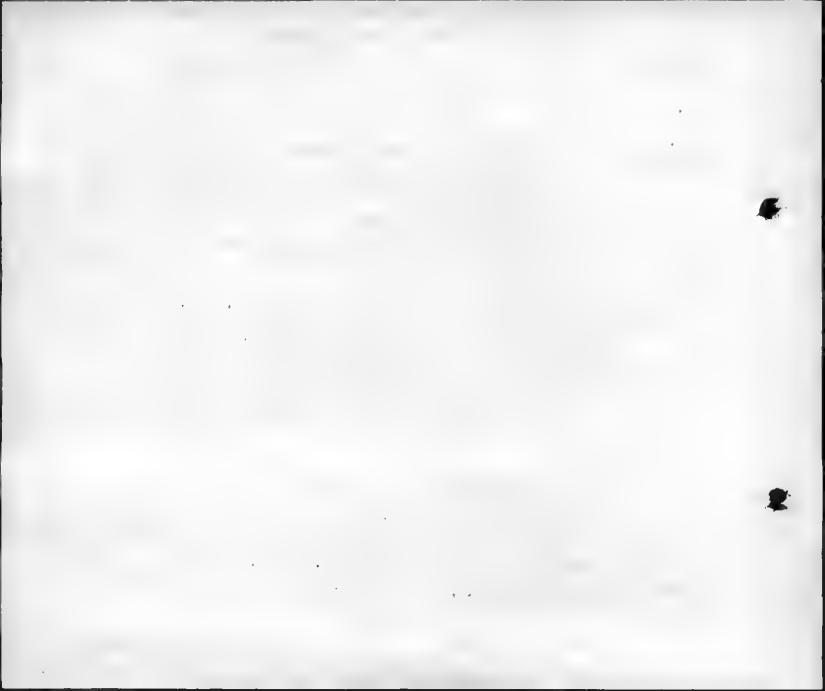
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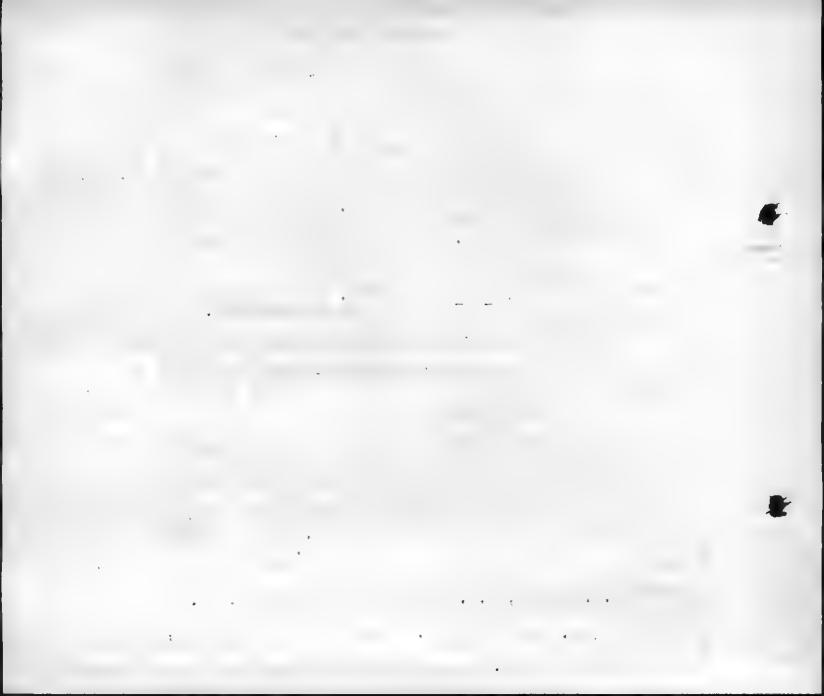


08794

CERTIFICATE OF DEATH

		8802	CERTIFICA	AIE OF DEATH	Reg. D	list. No.
	1. PLACE OF DEATH o. COUNTY	Baltimo	re MARYLAND	2. USUAL RESIDENCE (Where STATE Maryla	e deceased lived If institution: Reside	ecany
	b. CITY OR TOWN (I RURAL and give ne atons	f outside corporate limits, write egrest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF out	side corporate limits, write RURAL and	
)	d. NAME OF HOSPIT OR INSTITUTION D	At Ilf not in hospital, give street 5921 Cld. Freder Jug 1a5 Home	ick Road		80 Wineow(?) Stree	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Fint Eustes	Middle Llewelyn	Gray	OF Month OF August 27	Doy Year 195819
	5. SEX Male	6. COLOR OR RACE 7. MARE			9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION during most of work Laborer	ON (Give kind of wark done 10b. ung life, even if retired)	RIND OF BUSINESS OR INDU		foreign country) 12. C West Indies	TINEN OF WHAT COUNTRY?
	13. FATHER'S NAME	Unknown		14. MOTHER'S MAIDEN NA UNKNOWN	ME	
	15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 1	Mrs. Corine	Bolling Address	
*)	20g. ACCIDENT WA	the under (c) (c)	ONTRIBUTING TO DEATH BUT		AL DI BERBE	RT 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. ji. p. m.	Y Month, Day, Year 20d II While	NJURY OCCURRED 20e. PL Not while to at work	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	ACTUAL SIGNATURE	F. Maloney.	and that death	occurred of 304 A.M Ac M.D. 57 Winter Catenavi	M, fram the causes and an operation of the causes are caused as a cause of the cause of t	the date stated above. DATE SIGNED 8/28/58
	Burial 23. FUNERAL PIRECTOR HOLLand	Aug. 288195	4 DEDRECC		Baltimore, Md. 8Y REGISTRAR 24b. REGISTRAR'S SI	IGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the has the retained by the has the certificate has been signed by the attending physician and complately filled in by the funeral director, page 3 should be detached to the burial-transit permit. Then please remare carbon pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. VS A15 (4)



13/			MARYL	AND STAT	TE DEPARTA	LENT OF HEALTI	H-BALTI	MORE, 1	8		
E M			8803		CERTIFIC	ATE OF DEATI	Н		Reg. Dist. No.	138	3795
2 should be filed with		LACE OF DEATH	Bree to	Co	MARYLAND	2 USUAL RESIDENCE (W o. STATE Maryland	here deceased liv	red. If instituti b COUNTY	on: Residence befo		uon)
		RURAL and give	(If outside corporate limit	s, write c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write R			1)
	1	20022E	RIDIAC	Mark.	6 mo	Ellicott (City		12 x =		
00		OR INSTITUTION	TAL (If Not in hospital, g	ive street oddress)		d. STREET ADDRESS				e. IS RES	IDENCE FARM?
0-0		L				25 Orchard 1	rive				NO 🗍
		NAME OF DECEASED	Fin	1º	Middle	Lost	4. DATE	Man	th Do	у	Year
			ROSE	MARY		GRAY	DEATH	8	26		19 58
	5. 5	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1 YEAR	IF UND	ER 24 HR5.
_		emâle	white	WIDOWED [DIVORCED [10/3/26		31 ym.	Months Days	Hours	Min.
-	10a	during most of wor	ON (Give kind of work orking life, even if retired)	ione 10b. KIND GF	BUSINESS OR INDI	ISTRY 11. BIRTHPLACE (Stole	or foreign count	lry)	12. CITIZEN C	F WHAT	COUNTRY
1	L	housew		1	home	Maryland					
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
		Williar	F. Cugle			Bertha Go	ood				
	15.	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SOCIAL S	SECURITY NO. 17	INFORMANT		Orchard	err Perform		
		no		212 2	2 5956 E	lward A. Grav		licott			
		18. CAUSE OF DE	ATH [Enter anly one ca	use per line for (o).		0			INT	RVAL BE	TWEEN
		PART I. DE.	ATH WAS CAUSED 8Y:	Canci	neoma	of Bil	e The	+	ONS	EJ AND	DEATH
		155.1	DUE TO	<u> </u>		0					
		Conditions, if	any, which) (b)						ļ		
		gave rise to	immediate (
		couse (a), stating lying cause last.									
	ĕ	PART II. OT			ITING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1(0)	9. WAS	AUTOPSY
2	CATION									YES [
	ii.	200. ACCIDENT W	AS UNDERLYING	206. DESCRIBE HO	W INJURY OCCURR	D. (Enter nature of injury in	Port 1 or Port II	af item 18.)			
	CERT	(IF EITHER, NOTIF)	CAUSE OF DEATH								
	Š	20c. TIME OF INJU	RY Month, Day, Yea			ACE OF INJURY (Home, form	n. 201. (City or	lown)	(County)		(State)
	MEDICAL	Haur a.m. p. m.	19	While Nat		ctory, street, office bldg., etc	6.1				
		21 Learlify I	hat I attended the	deceased from	El	1 . 1958 ta a	ua. 26	10.5	that I last so	w the	deceases
		olive an a		1958		occurred at 8					
		01110 01111111	1	6 0	, and mar acan	Toccorred digg	ADDRESS (Street	t, city or town,	slote)		ATE SIGNED
		ACTUAL SIGNATURE	Parana.	5 Bu	atak	" PLLICE	777	1771	Md.	8	77-5
- 1			-	- Harris	7_4	, M.D		h-l	/		
		PHYSICIAN'S NAME (Type)	GEORG	-e E	BURGTE.	RF MD.					
	22c		ON, 226. DATE THEREO	F 22c, N/	AME OF CEMETERY O	OR CREMATORY	22d. LOCATION	Y7City, lown, o	or county)	(Stat	e) /
	١.	REMOVAL (Specify		~	d 7/2	1203100	1	100	1	7.7	11
	-	FUNERAL DIRECTOR			DRESS	24g. REC	D BY REGISTRAL	24b REGIS	STRAR'S SIGNATUR	E	121
13		777	. 077	for a	B 0/-	/	SEP 2 '5		withen S. Kr		,
201		1111	1/16/						***************************************		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



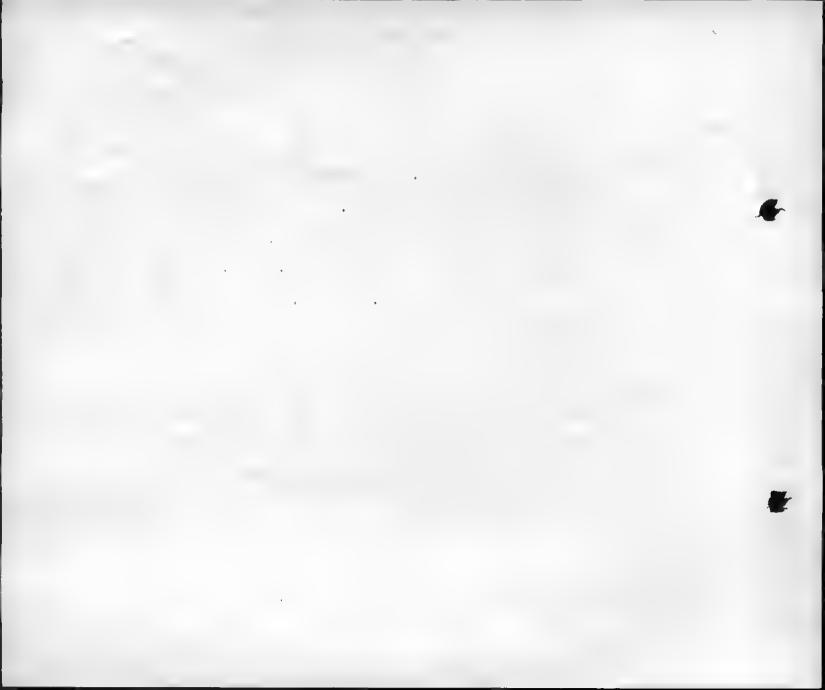
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12	s in by the funeral director, and 2 shauld be filed with
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hin 24 haurs after death.	y filled in by the funeral director ages 1 and 2 shauld be filed with
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8806 **CERTIFICATE OF DEATH**

08798

						3"		Keg.	UIST. NO.		
1. PLACE OF DEATH o COUNTY	Baltimore		MARYLAÑ	2. USUAL RESII	DENCE (When			nstitution Resi PUNTY	dence before	e admission)	
b. CITY OR TOWN (I RURAL and give no	f autside Corporate limit carest (awn)	4	LENGTH OF STAY IN 1	Larchm		side corpora	te limíts, s	write RURAL a	nd give near	rest town)	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi	ive street add	,	d STREET A		rive	#7			ON A FARM?	
3. NAME OF DECEASED (Type or print)	DECEASED		Middle S.	GUGEL		DATE OF DEATH	9	Manth 5		Day Year	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B DATE OF BIRTH	4	9	AGE (III			IF UNDER 24 HRS.	
Female	White	WIDOWED	DIVORCED [Aug. 28	. 1889		last birth	yrs Manti	os Days	Hours Min	
10a USUAL OCCUPATION during most of work Housewife	ON (Give kind of work d king life, even if retired)	lane 10b. Kil	ND OF BUSINESS OR IN	DUSTRY 11. BIRTHPL	ACE (State or			12	CITIZEN OF	WHAT COUNTRY?	
13. FATHER'S NAME				14. MOTHER'S	imore,		Land				
Charles Sch		Bertha									
15 WAS DECEASED EVE	R IN U. S. ARMED FORG	rvice)		INFORMANT			7 Lo	Address cust D	rive	#7	
Canditions, if a gave rise to it cause (o), stating lying cause last.	mmediate (at	Dires de	ca vil	wia	d.	2		ONSE	T AND DEATH	
CAT			NTRIBUTING TO DEATH E						PART 1(a) 19	PERFORMED? YES NO	
	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY OCCUI	RED. (Enler nature a	f injury in Par	ri Lar Pari II	of item 1	8 }			
20c. TIME OF INJUR Hour o.m.	Y Month, Day, Yea 19	r 20d INJU While at work	_ Not while	PLACE OF INJURY (I factory, street, affice	tome, form, bldg., etc.)	20f. (City o	r town)		(County)	(State)	
21, 1 certify th	at I attended the	deceased _, 19	from $12/2$, and that dec	th occurred at.	3.4	M, from	the cau	9,that ses and ar town, state)	I last sa	w the deceased e stated above. DATE SIGNED	
ACTUAL TURE	Jille	Les	100	_M.D. 6410	(i)	unds	<u>CV</u>	LLI I	I it		
PHYSICIAN'S NAME (Type)	miltei		Ma Kin	bur)	B	1.20	j	-7 L	is el		
220. BURIAL, CREMATION REMOVAL (Specify) Burial	N, 226. DATE THEREON	2	2c. NAME OF CEMETERY Loudon Par					Mary		(State)	
23. FUNERAL DIRECTOR!	S SIGNATURE Y FE	12	ADDRESS HATT/>	mel.	240. RECIDE			REGISTRAR'S		E	



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08799

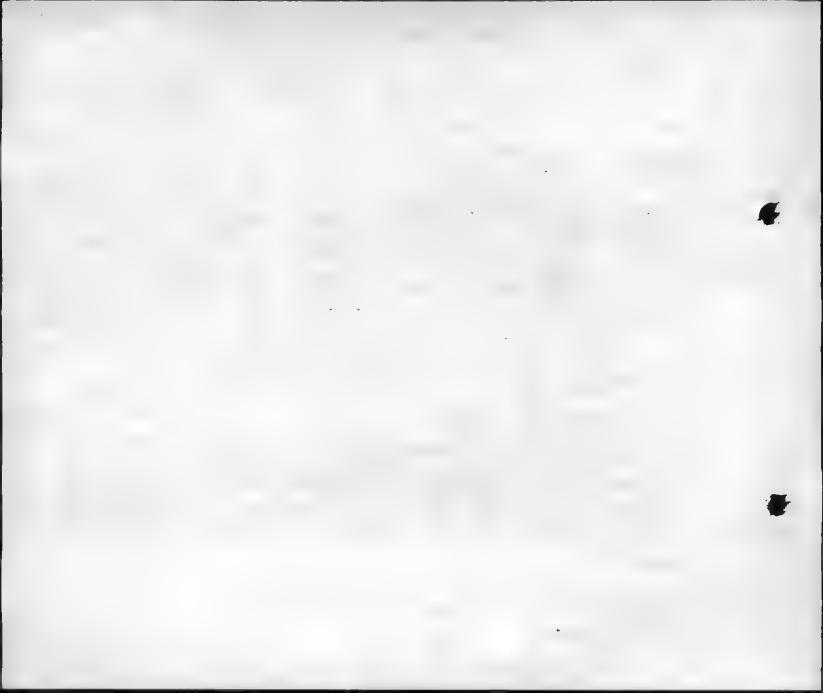
مدا	L										Reg.	Dist. No	٥.	
		PLACE OF DEATH				T)	2. USUAL RES	IDENCE (V	/here decea	sed lived If Institu	dion: Re	Idence be	fore adm	ission)
	Ľ	o. COUNTY Balt:	imore		MARY	LAND	a. STATE	Marvl	and	b. COUNT	Y Bal	timo	ra	
1	Ŀ	. CITY OR TOWN HE	outside corporate limits, writ	RURAL	c. LENGTH OF STAY	IN 1b				porole limits, write				wn)
j		and give nearest town)					Esse							
p. B. P.	-			f not in hos	pital, give street address	,	d. STREET						n. IS R	ES-DENCE
							/		Aven	16		PAGE 144 TAG	ON	A FARM?
		NAME OF DECEASED	Fir	ıŧ	Middle		Last		4. DATE	Mont	h	Day	١	996
		(Type or print)	Luise			Gut	tmann		DEATH	Augus	st	19	1	958
	5. 5	SEX .	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. C	ATE OF BIRTH	ı		9. AGE (In years	-	ER TYEAR	-	ER 24 HRS.
		Female	White	WIDOWE	DIVORCED		7/15/1	874		last birthday)	Month	Days	Hours	Min
	10a	USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (Stole	or foreign o	country)	12. (ITIZEN C	F WHAT	COUNTRY
	٩	House W.		re	tired		Germ	antr				Gern	12 222	V
\	13.	FATHER'S NAME				Ti	4. MOTHER'S		AME			GOLI	cers A	
		John F	Nolfrom					nown.						
	15.	+-	R IN U. S. ARMED FO	PCFS2 116	SOCIAL SECURITY NO.	17 IME	ORMANT .	TIOWII.		Address				
	{Yes	, no, or unknown	(If yee, give war or dates of					er L. l						
		No	none		none	H	rank	Gut tm	ann	San	16			
			H [Enter only one odu H WAS CAUSED BY:	te per line i		7		4				INTE	ET AND DE	EEN ATH
			IMMEDIATE CAUSE (a)	H-	3-C-V-	U,	seas.	2				1	5-10	413
		422.1	DUE TO				r					- 1		,
		Conditions, if an												
		gove rise to immed (a), staling the u												
		couse last.	(c)											
	ğ	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	NTPLEUTING TO DEATH	BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN P	ART 1(a)	9. WAS	AUTOPSY
p ²	AI												YES [RMED?
	CERTIFICATION	20g. EXTERNAL CAUPRIMARY OF CON	SE WAS 20	DESCRIBE	HOW IN UR DECUR	RED. (Ent	malure of in	jury in Parl	For Part II	of item 18.)				
	ÇE	CAUSE OF DEATH.	IIKIBUTING L		110									
	3	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d I	NURY OCCURRED 20	e. PLACE	OF INJURY (H	tame, form	20f. (City	or town)		County)		(Slote)
	MEDICAL	Hour o.m.	19	White	Not while	factory	, street, office	bldg., etc.		,				,
	<				emains described	above	, held an	Autopsy	/ [], I	nspection 📈	Ingt	iry Z	, and	find that
		death resulted	from: Natural	causes 🗍	Accident .	Suici	de 🗍 H	amicide	П, U	ndetermined o	ause	7.	r	
		1	na.		4				_		,			
		ACTUAL SIGNATURE	11/075	avi	2		M.D. CHIEF M	EDICAL EX	AMINER 🔲				DATE S	IGNED
Á.,		aroji ki oko	11 0 0	t				NT MEDICA	L EXAMINE	R [T]	0	7/ \	1 /	
		EXAMINER'S NAME (Type)	1 (3.1)	AVIS	Mi		DEPUTY	MEDICAL E	XAMINER [7	Ŏ	1 1	0/7	8 =
	220	BURIAL CREMATION	N. 226. DATE THEREO	F I	22c. NAME OF CEMETE	RY OR CE				TION (City, town,	or counh	1	+ {Slat	e)
1		EROAVE (Land)	Aug . 22									Marvland		
		FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS 07 Eastern		1		BY REGIST		STRAR'S		-	
	1	0 0 201		alle de	O L Torb cott	TIAGE	77 61-1		TIC of	100	7 -1	0 11		

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08801

Reg. Dist. No.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1. PLACE OF DEATH o. COUNTY O	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Baltimore MARYLAND	Maryland 6. COUNTY Baltimore
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
(Verlea)	X Overlea
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
4013 Ridgeway Avenue	4613 Ridgeway Avenue YES NO DX
3. NAME OF Pirst Middle	Last 4. DATE Month Day Year
(Type or print) Mrs. Annie	Hagner DEATH August 27th 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UNDER 74 PRS.
terale white WIDOWED DEX DIVORCED	Jeb. 27. 1874 811 75
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Housewite	Baltimore, Maryland USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Yeorge Yermroth	Mary Wise
(Yes no premium) . Iff yes one work or deter of sandred	NFORMANT Address
///	r.s. Wm. H. Plock, 4613 Ridgeway Ave.
18 CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c).]	INTERVAL DETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: [Orebral	Remortinge 10 days
443X DUE TO 1 7	
Part Comment of the C	relia Voscular disease 10 years
gove rise to immediate Couse (a), stating the under-	
Tying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURRE 206. DESCRIBE HOW INJU	D. (Enter nature of injury in Port 1 or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
While Not while p. m. 19 of work of work	The state of the s
21. I certify that I attended the deceased from Cury 1)	1950 to Cary 15 , 1958 that I last saw the deceased
	occurred at 3 A. M, from the couses and an the date stated above.
11 11	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE Herry Slevenson	MD 712 W Frester 8/28/5
11.11	1
PHYSICIAN'S MARRY CTLASSMAN	/
220. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county), (Stote),
Burial 8/30/58 Loudon Par	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
Leonard Y. Ruck 5305 Harford Road	d #14 DATE AUG 2 9 '58 Cirilmy S. Frank



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 n8802 **CERTIFICATE OF DEATH** 8810 Reg. Dist. No. eral director, be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND and MaiTimore H c. CITY OR FOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 25 YES NO IX puo .⊆ NAME OF Middle 4. DATE First Month Yeor Day DECEASED 1958 USC DEATH (Type or print) 10 Ē 6. COLOR OR RACE AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF SIRTH 5. SEX 7. MARRIED NEVER MARRIED Months Days DIVORCED WIDOWED To yrs 10o. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dyring most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? odrban and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BROOM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, nive wor or dotes of service) 61 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c). 귭 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) **DUE TO** à permit. YED Conditions, if ony, which gned gove rise to immediate DUE TO cottse (a), slating the underremayal, and lying couse lost. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO IA 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) certificate ő 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work of work 21. I certify_that I attended the deceased from 19 Lethat I last saw the deceased detached f M. Fram the causes and an the date stated above. and that death occurred alive on. moy be retained by me by FUNERAL DIRECTOR: DATE SIGNED ACTUAL SIGNATURE å prior 3 shauld PHYSICIAN'S NAME (Type) 22b DATE THEREOF BURIAL CREMATION, 22c. NAME OF CEMETERY OR EREMATORY 22d. LOCATION (City, town, or county) (Stole) agod REMOVAL (Specify) e L 9 FUNERAL/ORECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR arthur S. Kraus AUG 2 1 **VS A1S (4)** DATE 15M 9/5S

death.

within

executed

certificate

attending

TO HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 8811 1. PLACE OF DEATH a COUNTY o. STATE

Orthun & House

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY Baltimore MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore Fort Howard Davs d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Veterans Administration Hospital 4306 R. Lombard Street YES NO F NAME OF First Middle 4. DATE Dov DECEASED (Type or print) WITTITAM HARRISON DEATH 21 19 58 August 6. COLOR OR RACE 7. MARRIED TE NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours White Male DIVORCED | June 25 1893 WIDOWED | YES. 10a, USUAL OCCUPATION [Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Public Building Oxford, Maryland U. S. A. Stationary Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen Short Joseph Harrison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clin.Rec., Vet. Adm. Hospital, Ft. Howard, Md. 3-10-2728 Yes 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY CEREBRAL INFARCTION. LEFT IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CATION PERFORMED? Obesity YES X NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of stem 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY ! Home, form, 20f. (City or town) (County) (Slole) Hour o. m. factory, street, office bldg., etc.) While Not while at work at work p. m. 21. I certify that affended the deceased from Aug. 12. XXXXXXXXXXXXXXXXXXXXXX and that death accurred at 6:15PM, from the causes and an the date stated above. ADDRESS (Street, city or town, slote) DATE SIGNED ACTUAL SIGNATURE MD. VAH. FORT HOWARD PHYSICIAN'S NAME (Type) VA_HOSPITAL FORT HOWARD MARYLAND 220. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) Woodlawn Cemetery Baltimore, Maryland Burial **ADDRESS** 24o, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE NIDATE AUG 2 6 159 Harford Rd

Ralto.U

9 VS A15 (4) 15M 10/57

FUNERAL

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HEALTH—BALTIMORE, 18 US804
DEATH Reg. Dist. No.
RESIDENCE (Where deceased lived If institution. Residence befare admission) b. COUNTY
OR TOWN,(If outside corporate limits, write RURAL and give nearest town)
e is residence on a farm? 15 # Wood 5 ide ALC. PES NO DE
R DATE Month Day Year PEATH AU9 16 19 58
9. AGE (In Yours IF UNDER I YEAR IF UNDER 24 HRS loy withday) Manths Doys Hours Min
THPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? DONN USA
LOTTI &
L HART 3044 Woods, de Aux
gestive failure interval Between onset and Death
strial Obstruction 4hr
nor hage
TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
re of injury in Part I or Part II of item 18.)
RY (Home, form, 20f. (City or town) (County) (State)
at
ADDRESS (Street, city or Jown, state) DATE SIGNED ADDRESS (Street, city or Jown, state) DATE SIGNED
"BARTO ME.
elezy BALO, (State)
24 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE AUG 1 8 '58 Curing & France
R. CEE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ù\$8**0**5 8813 CERTIFICATE OF DEATH Rea, Dist. No. be filed with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore death. uneral b. CITY OR TOWN (If putside cornorate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should 224 days Fort Howard Fullerton d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital Lilac Lane YES NO X 5 3. NAME OF 4. DATE First Middle Lost Year DECEASED OF DEATH {Type or print} FREDERICK 23 C. HART 19 58 August 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED | B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Days Hours White WIDOWED [DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth during most of working life, even if retired) Electric Welder U.S.A. Baltimore County. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Hart Elizabeth MN: Kroll 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY, NO. 176s. No. or wellnessen | [4f yes, give wor or dates of service] | 216-10-10-38 17. INFORMANT WWI 10/1/18-12/11 Clin. Records Vets. Adm. Hospital Ft. Howard Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY-PNEUMONIA. BILATERAL. IMMEDIATE CAUSE (6) UNKNOWN 4190 X DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Generalized Arteriosclerosis: Thrombosis Middle Cerebral Arteries. YES XX NO [] 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE FOW INDEXT OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)

OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) erhificate 00 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that affended the deceased from January 11, 19 58, to August 23 19 58 mapping company company defoched FUNERAL DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE VAH. FORT HOWARD, MARYLAND 3 should ! PHYSICIAN'S NAME (Type) BERTRAND E LOWENSTEIN HOWARD, MARYLAND 220. BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d QUERMONREL ANTO ORDERA (Stote) pode REMOVAL [Specify] Burial St. Michaels Luth. Cemetery Baltimore, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE AUG 2 6 '58 VS A15 (4) DATE 15M 10/S7 Wm.Cook-Blight, Inc., 6009 Harford Rd, Baltimore, Md.



VS A15 (4) 15M 10/S7

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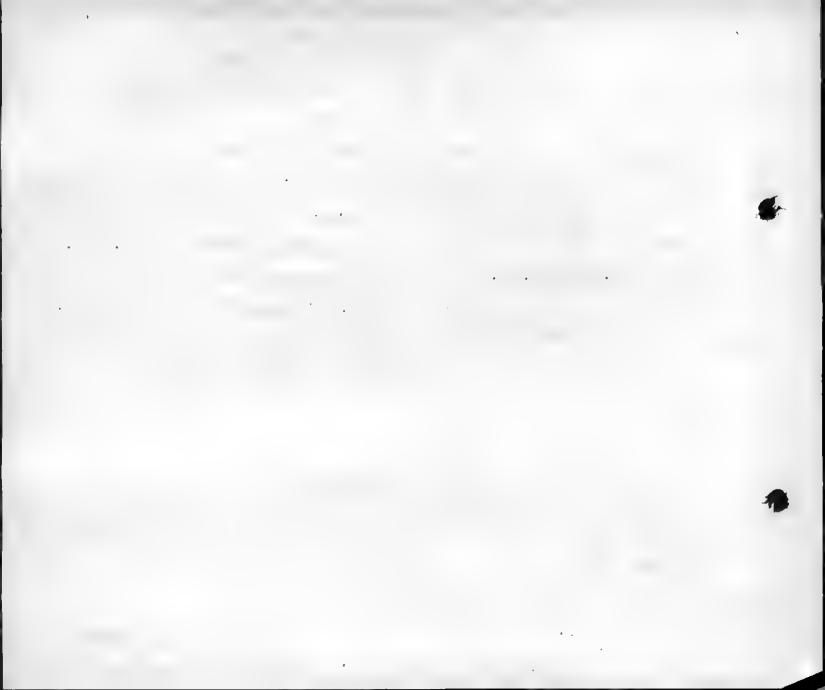
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08806

8814 CERTIFICATE OF DEATH

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Pan	Diet	N _a	

	7	7 - Bu - Bu				Keg.	DIST. 140.	
1. PLACE OF DEATH b. COUNTY	Bellemon	v. Co.	MARYLAND	2. USUAL RESIDENCE (o. STATE		. COUNTY		nission)
4112	Bedford Ros	-		Mary!		Balt	imore	
RURAL and give		ls, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	If outside corporate lin	nils, write RURAL on	d give nearest to	own)
	a Nova			Maryland				
d, NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street or	ddress)	d. STREET ADDRESS			e. IS I	RESIDENCE
OKINSTIUTION	NE .			/				A FARM?
				4112 Bed	iford Road		YES	□ NO Đ
3. NAME OF	Fire	st	Middle	Lost		Month	Day	Year
(Type or print)	CHARLES		FREDERICK	HERBOLD, JR.	4. DATE OF DEATH	August	7	19 58
5. SEX	6 COLOR OR RACE	7 MARRIE	D A NEVER MARRIED	B. DATE OF BIRTH			ER I YEAR IF UN	-
Male	White	WIDOWED	DIVORCED [Aug. 8, 191		LA/ yrs	Days Hou	rs Min.
10n. USUAL OCCUPAT		tonn 10h K	IND OF BUSINESS OR INDU		1 2 2		1712514 05 1444	17.00
during most of wo	orking life, even if retired)	JULE TOD K	IND OF BOSINESS OF INDE	Jaiki II. BIRIPIPLACE (SI	ore or roreign country)	12. (ITIZEN OF WH	AT COUNTRY?
Draftsmar	n			Reltimo	re. Marvla	nd	U. S. A	
13. FATHER'S NAME				14. MOTHER'S MAIDER	ATO DESTATE	ALIU.	0, 0, 2	-
ito. Critica a Incario				14. MOTHER 5 MAIDE	A NAME			
Charles I	F. Herbold .	ST-		Commit a S	cheumann			
	ER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORMANT	A MOINHOUTH	Address		
(Yes, no, or unknown)			OCIAL SECORITY NO. 17.	ITTORMATI		Address		
No		23	6-03-6541 I	Dorothy Zieg	ar Harbala	4112 R	dford R	on d
	ATM Control on the second			MICHOLLY MICE	TOTAL MOTOR TO	T TILL DE		
	EATH [Enter only one co	use per line	for (o), (b), and (c)]	1	0	1	INTERVAL ONSET AN	
PART I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE (o)	91	war-blanto	ma. Mrs. C	It lana	01	ONSET AL	ND DEATH,
193.0			O CLOPY 0	7000	1		/-k	//-
170.0	DUE TO		Ra	A	/////	- [/	///	muy.
Conditions, if	ony, which i		020	any	•	V		
gove rise to	immediate (
couse (a), stating								
lying couse last								
Z B. w. 11. O			ALTOIDISTING TO OF A THE BUILD	TALOT DELATED TO THE				
9	THER STOTALLICATED COLVE	DITIONS CC	NTRIBUTING TO DEATH BU	NOI RELATED TO THE TEL	(WINAL DISEASE CON	DITION GIVEN IN PA	ART I(o) IV WA	FORMED?
31								NOIT
ZOO. ACCIDENT WOR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING	20h DECCE	NOS HOW INTRINSPERSION	ED (E-+	- Death as Death of t	10.1	123	
OR CONTRIBUTION	G CAUSE OF DEATH	ZOD. DESCR	RIBE HOW INJURY OCCURRI	ED. (Enter noture of injury	IN FORT F OF FORT II OF 1	rem IS.)		
HE EITHER, NOTIF	Y MEDICAL EXAMINER)							
3 20c. TIME OF INJU	IDV Month D. V.		NIP OCCUPATO 20 P	1455 05 114104 114 1	Law			
20c. TIME OF INJU		While		LACE OF INJURY (Home, for ectory, street, affice bldg.,	orm, j201. [City or tow etc.) I	n)	(County)	(Stote)
p. m.	10	of work	1101 1111111111111111111111111111111	and y, or out, or real and gry				
- p		100 0000		Λ	()			
21. I certify-J	hat I attended the	deceased	from tul.	9 1958:10	Cim 7-	., 19.55 that	l last saw th	e decented
1 /?	4 4	20/	7		COS1 '			
alive on		12-5	g_,_, and that death	h occurred at		causes and on	the dole sto	ated abave
	10 11	21	1		ADDRESS (Street, ci	ly or Joyen, stated		DATE SIGNED
ACTUAL	7anl L	19/20	an-las , -	UHAK-1	1-1-11	112 UT	- ワート ノ	Contract
SIGNATURE	D V- 1	1/1/14		WD TTIAN	1 to 1	HUMUS	1/4/	001
BUNCHERANIC	E 11	OI.	. /	h /	/ /	1 /	1	
PHYSICIAN'S NAME (Type)	LOT/ LI	CA	JM DFTS -	13017	1 ha a	mil.	- "	
					LING I Q.			
220 BURIAL, CREMATI	ON, 226. DATE THEREO	F	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (C	ity, town, or county) (Si	lole)
REMOVAL (Specify		7000	T					
Burial	Aug, 11,	1958	Lorraine Cen	netery	Baltimo	re M	aryland	
23 FUNERAL DIRECTO	R'S SIGNATURE 9	MELT	ADDRESS	24o. RE	C'D BY REGISTRAR	246 REGISTRAR'S	SIGNATURE	
	0. 2	DO T	7			0.1	~ /	
ELLSWORTH	AMMACUST 6	UU Li	berty Heights	AVO. DATE	AUG 1 1 '58	1111	wel.	
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death. Page

executed within

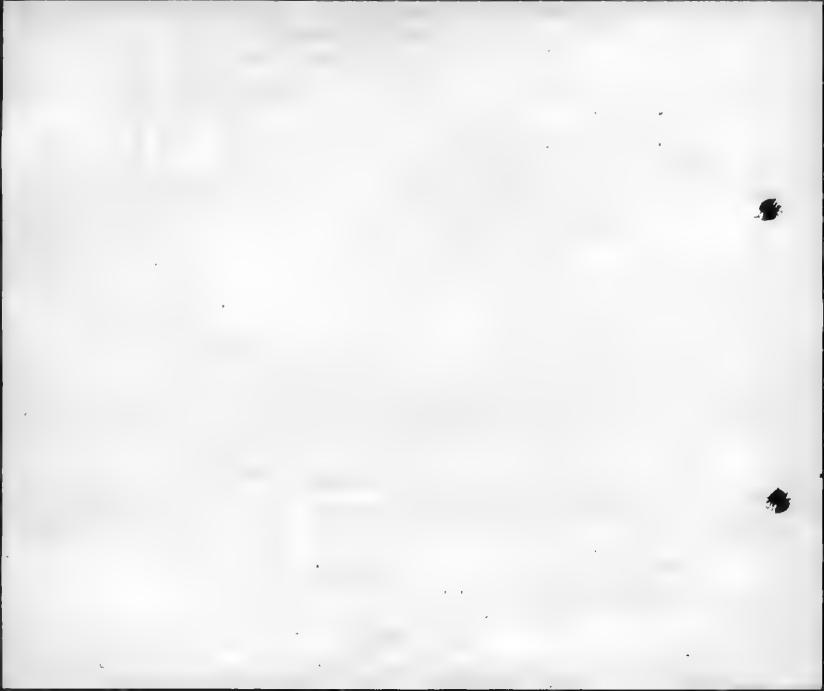
death certificate be

Death charged statistically to Montg. Co. See letter from Dr. M. Taback, 11/24/58 to Dr. Kraus; also this agrees with Tbc. Bureau&s records. Montg. County reported the case in 1955. Case No. 67.

ams 11/28/58

1 (MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 118808
180		8816 CERTIFICATE OF DEATH Reg. Dist. No. 32
director, filed with		1. PLACE OF DEATH o. COUNTY Baltimore County 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE MARYLAND b. COUNTY BALTIMORE CLI
E 77)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
# # #	<i>'</i> ,	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
in by and 2	74	Mt. Wilson State Hospital 4. Date Month Day Year
riin 24 y filled ages 1		(Type of print) HARRY HOWARD DEATH 8 19 19 58
		MALE WHITE WIDOWED DIVORCED 10/14/97 BO yrs. Months Days Hours Mn
nd con n pap death.		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole for foreign country) Guiring most of working life, even if retired) MARY LAN' 12. CITIZEN OF WHAT COUNTRY MARY LAN' N S. A.
cian al		WILLIAM S. HOWARD DAISY EVANS
physician remaye ca	1.	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (1/4*), no, or unknown] (1/4*), the price of dates of service)
attending of please re within 72		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
the att		PART I DEATH WAS CAUSED BY: JULHONARY THRER CALOSIS ONSET AND DEATH
ed by rmit, any e	, p	Conditions, if ony, which) (b)
ian ian ian sit pe and in		Cause (a), stoling the under: Ying couse lost. C) C) Column Colu
ng physician is hos been burial-transi	0	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ending icate h the bur or ren		20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
vse as motion,		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour p. m. 19 Of work of wor
Afred for		21. I certify that I attended the deceased from 1 14 , 1958, to 8/19 , 1958 that I last saw the deceased
oy the half		alive an E 18, and that death occurred at 10 AM, from the causes and on the date stated above ADDRESS (Street, city or lown, state) DATE SIGNED
DIRECT PRIOR PRIOR		SIGNATURE William Muramu M.D. Mt. Wilson, Maryland
be retaine VERAL DI 3 shauld gistrar pr	'	PHYSICIAN'S William Newcomer, M.D. Superintendent 20. BURIAL CREMATION, 215. DATE THEREOF (20. NAME OF CEMETER FOR CREMATION) (Storte)
o FUN Page The re		REMOVAL (Specify) 8.22.58 With M. Gentland Balling Med
Y5 A15 (4) 15M 10/57		13. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE WASHELD 26 '58 CINTUM S. Thanks

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08810

RRIO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

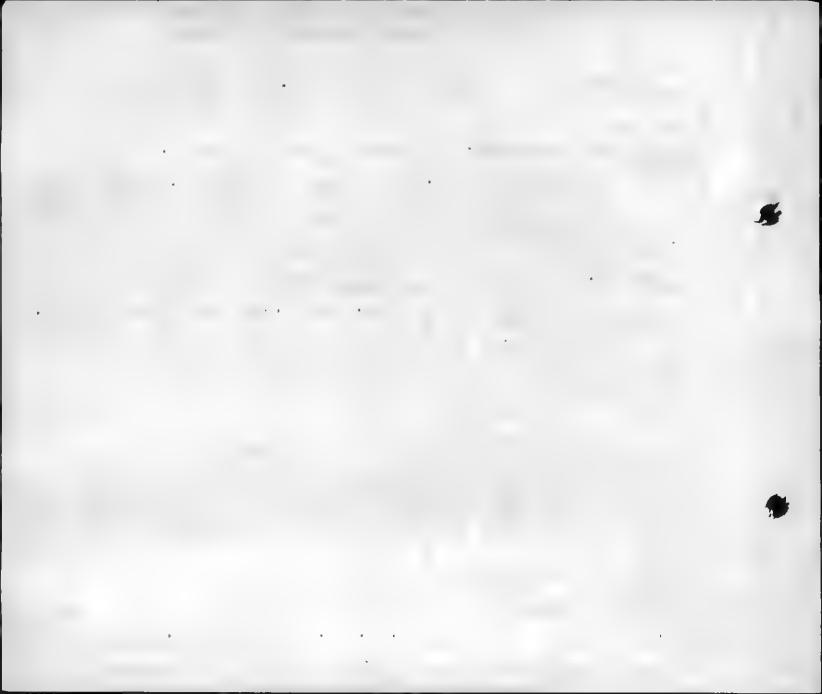
M

TD DIPUTY MINICAL EXAMINER: This comificate should be emmined within 211 hours offer disorth. If any delay is necessory, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief A. I Examiner's Office along with form PM3. Page 5 may be referred for your files.

TO FUNERAL DIRECTOR: Pog. 3 should be used as a burial-transit permit. File pages 1 and 2 to the registrar prior to burial, cremation,

or remayal. VS. A15ME(5) 5M 9/55

		0010								Reg.	DIST. NO),	
1, 1	PLACE OF DEATH					2. USUAL RESIDE	NCE (Y	Vhere deced	sed lived. If insti	tution: Resi	dence be	fore adm	nission)
	_	altimore		MA.	RYLAND	a. STATE	Md.		b. coun		el+i		
b	. CITY OR TOWN I	of autside corporate limits, write	PURAL	c. LENGTH OF STA	AY IN 16			autside co	rporote limits, writ				
	and give nearest low	$^{"}$ Luthervill				1 %					-		
- d	. NAME OF HOSPI	TAL OR INSTITUTION (pital, give street odd	ressi	d. STREET ADD		iu uter	ville			e, IS R	RESIDENCE
					,	1						ON	A FARM?
2 1	NAME OF	1102 Long B					102	7	Brook Rd				
	DECEASED	Ein		Middle		Lost		4. DATE OF	Mor	ith	Day		Year
	(Type or print)	James		V.		Jackson		DEATH	Aug.		20		19 58
5 . S	EX	6. COLOR OR RACE			RIED XI 8.	DATE OF BIRTH			9. AGE (In years last birthday)	Months	R TYEAR	Hours	Min.
	mele	White	WIDOWE	D DIVORCE		July 12	19	955	3 yrs		DOYS	710011	eriti.
10o d	. USUAL OCCUPATI	ON (Give kind of work on life, even if retired)	done 10b. I	KIND OF BUSINESS C	OR INDUST	RY 11. BIRTHPLACE	(State	or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
			1			ਸ਼ਾ	lori	da					
13.	FATHER'S NAME					14. MOTHER'S MA				····			
	Robert	L. Jackson	1			ריס		77 a	-41-7				
	WAS DECEASED E	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY N	O. 17. IN	FORMANT	Trei	ice_ke	athley	III.			-
[Tot.	, no, or unknown)	(It yes, give war or dates of	HEINICE]		3/	m Dohami	т .	Toole	11	00 T -			~ 1
	10 CAUSE OF DE	ATH [Enter only one cou	so one line	for (a) (b) and (c) 1		r. Robert	- 119	URCK	<u> </u>	טב גס		rook Eval beev	
		TH WAS CAUSED BY:	11	=00TIC	13	SMIA						AND DE	
	77110 10 000	IMMEDIATE CAUSE (0)	171	FPHIC	. (77717					1	h	
		DUE TO	17	A 1	1 1	1	, ,	1-0	ec.a.) V	26
	Conditions, if	any, which) (b)	L.DN	SEN ITA	- C) I T. I ILLE A	- /	7-1-K	r S ; rr) <u> </u>	2>
	gave rise to imme												
	cause last.	(c)											
Z	PART II. OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE	E TERMI	NAL DISEAS	SE CONDITION G	IVEN IN PA	RT 1(o) 1		
Ž												YES	ORMED?
CERTIFICATION	20g. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH	NTRIBUTING []	b. DESCRIB	E HOW INJURY OCC	URRED (E	nter nature of injury	in Parl	f or Part I	l of item 18)				
				LANDE CONTRACTOR				1					
MEDICAL	20c. TIME OF INJU	IRY Month, Day, Yea	r 20d While	HNJURY OCCURRED Not while	focto	E OF INJURY (Homery, street, office blo	ie, tarm Ig., etc.	. C20f. (Cit	y or fown)	(C	ounty)		(State)
¥.	p. m.	19	at we	ork of work				į				_	
	21, I certify t	hat I taak charge	of the i	remains describ	ed abo	e, held an A	utaps	y 🔲, 🏻 I	nspection [, Inqu	iry 🕝	, and	find that
	death resulted	from: Natural	causes [Accident [], Suid	ide 🗍 , Han	nicide	T. U	Indetermined	cause [7.		
	2		A 15							_	-		
	ACTUAL '	ideasil	11/3	instran	١	M.D. CHIEF MEDI	ICAL EX	AMINER F	1			DATE	SIGNED
	SIGNATURE	De 16/15/39	1	13	 	_M.D. ASSISTANT		_	•			1	1.7'
	EXAMINER'S NAME (Type)	N'ILLIAM	A.	PILISA	und	DEPUTY ME			-		D	10	129
12a	BURIAL, CREMATIC	ON, 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d LOC/	ITION (City, fown,	or county)	-	(Sta	to)
	Rumi o I	8/23/58		Dade Me	em. P	k. Cem.		Mi:	ami. Fla.				
23.	FUNERAL DIRECTO		- L	ADDRESS	R	24		D BY REGIS		ISTRAR'S S	IGNATU	RE	
3	Nu. 4	Vicken	er 4	Dour.	Day	2017	AUC	2 5 '5	8 C.	Thun 9	20		
	1					Hus			1 000	V-W/7		-	
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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
W. Sy		8819 CERTIFICATE OF DEATH Reg. Dist. No. 32
	1.	PLACE OF DEATH a. COUNTY Baltimore County 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY Baltimore County
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Mt. Wilson. Maryland 4 WRA. Balto.
02		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Mt. Wilson State Hospital 1224 Mary and Arves Nest Note
	1=	NAME OF DECEASED A First Middle . Last 4/DATE Month Day Year
1	5.	SEX 6. COLOR OR SACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Mooths Days Hours Min
-	10	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHMACE (Store or foreign country) 12 CITIZEN OF WHAT COUNTRY:
	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. FOLLY 12 MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (If yes, give wor or dotes of service) Hospital Records, Mt. Wilson State Hospital
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY ONSELAND DEATH
		150 X DUE TO Conditions, if any, which)
		gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> Lying cause lost.
0	ATION	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATIO	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Of work of wor
		21. I certify that I attended the deceased from
		ACTUAL SIGNATURE William Mineral Mineral Maryland ACTUAL SIGNATURE M.D. Mt. Wilson, Maryland
1		PHYSICIAN'S William Newcomer, M.D. Superintendent
1	22	BURIAL, CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City: town, or county) 1 (20e) 1 (20e)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS - LISTENSTONE ADDRESS - LISTENSTONE DATE DATE ADDRESS - LISTENSTONE DATE
		AUG 1 1 158 UN I LANGE



TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4

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may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: At its certificate has been signed by the attending physician and copage 3 should be detached as the burial-transit permit. Then please remove carban place the registrar prior to burial, cremation, or removal, and in any event within 72 parts offer death. VS A15 (4) 15M 9/55

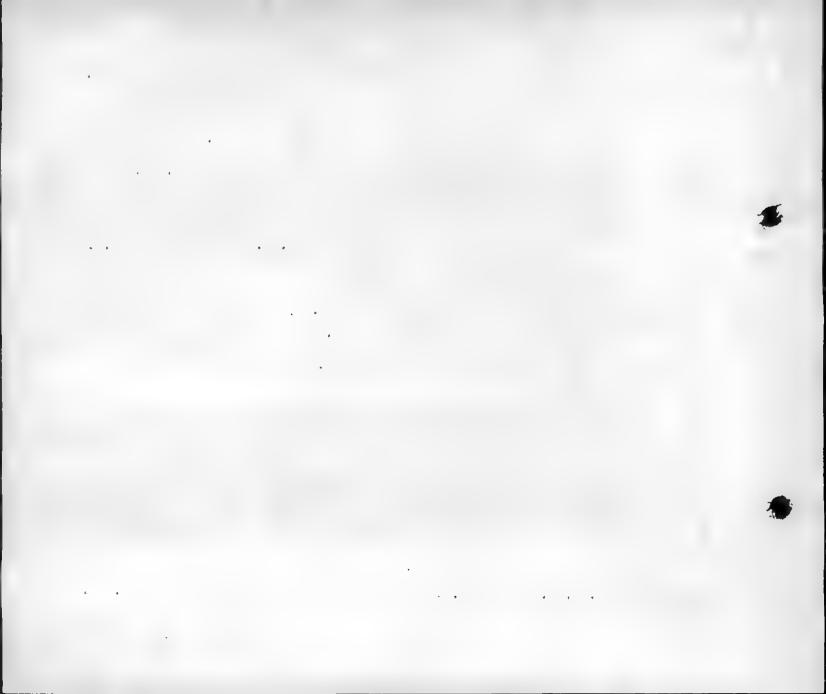
	8820		CERT	FIC	ATE OF DE	ATH			Reg. D	ist. No.		
1. PLACE OF DEATH					2 USUAL RESIDENCE	*	ere decease	l lived. If institution b. COUNTY	on: Reside	nes befo	re admis	sion)
В	altimore			YLAND	Md.	•		B. COUNTY	Be	alti	mor	е
RURAL and give a		ts, write	c. LENGTH OF STAY	IN 16	., _			role limils, write R	URAL and	give nec	arest taw	n)
	sedale	ive street r	uddress)		d. STREET ADDR		<u>lale</u>			1	e. IS RES	SIDENCE
OR INSTITUTION	00 Bright				/	00	Brig	htside	Ave.		ON A	FARM?
3. NAME OF	Fir	st	Middle	8	Lost		4. DATE	Mon	lh	Do	ly .	Yeor
(Type or print)	LOUIS	JAND.	A (YANDA)			OF DEATH	August	14			19 58
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARR	IEO 🔲	B. DATE OF BIRTH			9. AGE (In years lost birthday)			+	ER 24 HRS.
male	white	WIDOWE	D DIVORCE	D 🔲	Feb. 25,1	882		76 yrs.	Months	Days	Hours	Min.
100 USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS (OR INDU				auntry)	12. C	ITIZEN C	DE WHAT	COUNTRY
ret-Cabin	rking life, even if retired at Maker		ltimore	City	V Czech	Lson	ovak	1 ១		U.S	Ι Δ	
13. FATHER'S NAME	2.10-22-0-3	por ca.	2021010	<u> </u>	14 MOTHER'S MA					VAL	/ 4 /2 1	
	unkn	own					מנו	known				
	ER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	0. 17 1	NFORMANT		OLLI	Add	7011			
(Yes, no. or unknown)	(It yes, give war or dates at s	ervice]		Ar	nna Kral,	da	ught	er, abo	ve			
IS CAUSE DE DE	ATH [Enter only one co	use per lin	a for (o) (b) and (c)							LINT	ERVAL BI	FTWEEN
	ATH WAS CAUSED BY:	(ant cate	· 6	000		1			ON!	SET AND	HYASO
561.0	IMMEDIATE CAUSE (0		D.		-Cour	111	and			-	1.6	ung
	DUE TO		Xta		0- 4-0	a	0	016			10	Paris .
Conditions, if a	immediate		av ano	The	x areac	7	len	Carx you	m	4		uy
cause (a), stating			<u></u>	,		(/					
tying cause tost			ON ITRIBUTING TO DE	A Y LA CILIZ	ALOT DELATED TO THE	EZERANI	141 0105 46	E COMPITION OF	FA (()) B (PT 31-1/1	10 14/45	AUTOREY
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	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY C	CCURRE	D (Enter nature of inju	ury in P	ari I ar Par	ill at ilem 18)				
3 20c. TIME OF INJU		or 20d. IN	JURY OCCURRED	20e. PL	ACE OF INJURY (Hom	e, form,	20f (City	or town)		(County)		(State)
20c. TIME OF INJU Haur e. m.	19	While at work	Not while	10	ctory, street, office bld	ig , etc.;	1					
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olive onC	Per de la	106										
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ACTUAL	aus)	Kli	wes	/	M.O. 262	38	: 22	Corune	T 12	-5	¥.	8/15/6
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	ON, 226. DATE THEREO		22c. NAME OF CEN	ETERY		/	224 1061	HON (City, lown, o	7-4			1:/0
REMOVAL (Specify	3 8/16/5	8	Bohemia	n Na	ational C	em	Ba	ltimore	MIC		(Sta	10)
23. FUNERAL DIRECTO	rs signature lek Funera	Ho	ADDRESS				BY REGIST					
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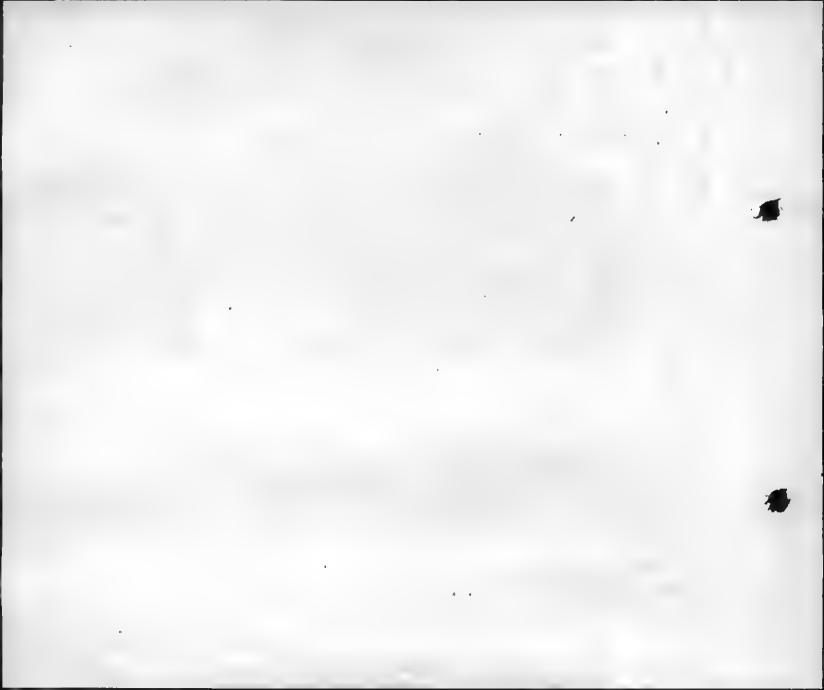
timore foutside corporate limits, write RURAL TAL OR INSTITUTION (If not in hosp Lakehurst Ave. First		2. USUAL RESIDENCE (o. STATE Mary) c. CITY OR TOWN (Balt: d. STREET ADDRESS	and b. If outside corporate limi	COUNTY	before odmission)
Lakehurst Ave.		d. STREET ADDRESS			- 4
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VER IN U. S. ARMED PORCES? 16. S	CKEY Ell SOCIAL SECURITY NO. 17.	MA MOTHER'S MAIDEN	NAME IT	OKK LIN) gelack
ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DOTY, which digits couse underlying DUE TO		t Disease	0		NTERVAL BETWEEN DISET AND DEATH
HER SIGNIF CANT CONDITIONS CO					PERFORMED? YES NO M
19 While at war	Not while factor	ory, street, office bldg., etc	-		
R. Stroken		_ M,D CHIEF MEDICAL E	XAMINER		DATE SIGNED
		240 REC	D BY REGISTRAR 24	DEO B. MEGISTMAR'S SIGNA	
	COLORED WIDOWED ION (Give kind of work done) VER IN U. S. ARMED FORCES? ION (I yee, give wor or dotes of reflects) ION (Give kind of work done) ATH (Enter only one couse per line of all the couse of the co	COLOred WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCES OF INDUSTRIBUTION OF BUSINESS OR INDUSTRIBUTION OF	COLOred WIDOWED DIVORCED DIVORCED INDUSTRY II BIRTHPLACE (STORT INDUSTRY III BIRTHPLACE (STORT III BIRTHPLACE III BIRTHPLACE (STORT III BIRTHPLACE III BIRTHPLACE (STORT III BIRTHPLACE III BIRT	COLORED WIDOWED DIVORCED 100 lod bord lod bord lod bord lod bord lod work done lod work done lod. KIND OF BUSINESS OR INDUSTRY 11 FORTHPLACE (Stote or foreign country) into life, even first lod lod work done lodge of the resulted lodge of the logge lodge lod	COLOR OF RACE 7. MARRIED NEVER MARRIED 8. PATE OF BIRTH 9. AGE (In year) Months Doy

N. Strak

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8822 FOR STATE Rea. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. county imore o. STATE Balto **b.** COUNTY MARYLAND Healt b. CITY OR TOWN (I outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) retained for your-fie State Board of H 50 Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARMA Channing Road 28) 5525 Channing Rd. YES TO NOTE NAME OF rMiddle Year DECEASED OF (Type or print) Aug. 19 5. SEX 6 COLOR OR RACE 9. AGE (In years MARRIED NEVER MARRIED B. DATE OF BIRTH IFUNDER LYFAR JE UNDER 24 HRS July 12, 1881 White Months Days Hours Min. DIVORCED USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 1, 2, Pag 12. CITIZEN OF WHAT COUNTRY? during most of working_life, even if retired) House Wife home Wash D. O U.S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William N. Hoistkamn Marion C Duley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address IYes, no ar unknownt Mary A. Groves 904 Masefield Ave 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH Acute Cardiac failure. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Cardio vascular disease. Conditions, if any, which fb1 gove rise to immediate couse **DUE TO** (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS CERTIFICATION wsed PERFORMED? 20a EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 120f, (City or fown) 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While 0. m Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection in a Inquirynn and in my execute the certificate, thanks be forwarded FUNERAL DIRECTOR opinion death resulted from: Natural causes in. Accident ..., Suicide , Homicide , Undefermined monner ACTUAL **DATE SIGNED** SIGNATURE ASSISTANT MEDICAL EXAMINER Aug. 30. 1958 **EXAMINER'S** M. Kieffer DEPUTY MEDICAL EXAMINER #7 NAME (Type) 220. BURIAL, CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMAJORY 22d. LOCATION (City, fown, or county) HEMOVAL (Specify) 2 22410 6 Rues 23. FUNERAL DIRECTOR'S SIĞIÑATURÉ 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15ME arthur S. thouse 5M 2/57 DATE



1 -		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		CERTIFICATE OF DEATH Reg. Dist. No. 32
filed with	· ·	LACE OF DEATH COUNTY Baltimore County MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY B. COUNTY
fier death he funeral hould be		C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Mt. Wilson, Maryland C. LENGTH OF STAY IN 16 BALTIMORE 3 V 0 / 4
by the d 2 sho		NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Mt. Wilson State Hospital ON A FARM? YES NO ID
n 24 ha iilled in jes 1 an		IAME OF First Middle Lost 4. DATE Month Day Year SECEASED TOSEPH MORRIS JURKOW ITZ DEATH AUGUST 28 12 1958
Poge '	5. S	MALE WHITE WIDOWED DIVORCED 2/4/58-1907 Tost birthdoy) Manths Days Hours Min.
nd can an pag death.		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) FURNITURE FINISHER 12 CITIZEN OF WHAT COUNTRY? BALTIMORE
ician c ician c e carbo	13.	CHARLES HUGO JURKOWITZ 14. MOTHER'S MAIDEN NAME CATHERINE WAUSCH
ng physer remov 72 hav	15. Yes	NAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT OF UNINCOUNT) Address Address Address Address Address Address Address
endi endi ileas ithin		18 CAUSE OF DEATH [Enter only one cause per line for (p), (b) and (c)]
the att	Н	PART I DEATH WAS CAUSED BY PULMONRY Shema ONSET AND DEATH OD XX DUE TO
ures the		Canditions, if any, which gave rise to immediate couse (a), stating the under DUE TO Canditions, if any, which gave rise to immediate couse (a), stating the under DUE TO
ned. In sign.		lying cause fast. (c)
he law physici has bee rial-tran maval, a	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES DINO
freeding freeding freeding freeding freeding		20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSK cert cert cert cos	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 at while of wark at work (State)
oly or all or al		21. I certify that I attended the deceased from 2/18/, 1958, to 8/28 , 1958, that I last saw the deceased
TENG the Day:		alive on 8, 19, 37, and that death occurred at 9:15 p.M. from the causes and on the date stated above. ADDRESS (Street, city at town, state) DATE SIGNED
OR AT		SIGNATURE William Muchon Mt. Wilson, Maryland
retai RAL C should strar		PHYSICIAN'S William Newcomer, M.D. Superintendent
AOSP oy be FUNE 19ge 3	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slate)
5 5 g =	23. 1	Burial 9/2/58 Loudon Park Baltimore, Md. UNERAL DIRECTOR'S, SIGNATURE ADDRESS 246, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57		DATE SEP 2 '58 Cuthur S. Kriana
	J	



R.

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3. NAME OF DECEASED (Type or print) GEORGE CASSELL KETIHOLTZ ALL PEACH OF DEATH ALL S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday)	Baltimore #
Baltimore - 7 Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Edmondson Heights 4 vrs. d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 3. NAME OF DECKASED (Type or print) GEORGE CASSELL KETIHOLTZ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 8. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write R Edmondson Height A STREET ADDRESS OF DEATH A DATE OF DEATH 9. AGE (In yeons is st birthday)	Baltimore #.
b. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest fown) Edmondson Heights 4 yrs. d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 1131 Granville Rd. 3. NAME OF DECKASED (Type or print) GEORGE CASSELL KETIHOLTZ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX C. CITY OR TOWN (If outside corporote limits, write R Edmondson Height A DATE OF DEATH A DATE OF DEATH 9. AGE (In years) 10 STREET ADDRESS ADATE OF DEATH A DATE OF DEATH 9. AGE (In years) Is a DATE OF BIRTH 9. AGE (In years) Is a DATE OF BIRTH 9. AGE (In years) Is a DATE OF BIRTH 9. AGE (In years) Is a DATE OF BIRTH 10 STREET ADDRESS ADATE OF BIRTH 11 STREET ADDRESS ADATE OF BIRTH 9. AGE (In years) Is a DATE OF BIRTH 11 STREET ADDRESS ADATE OF BIRTH 12 STREET ADDRESS AGE (In years) Is a DATE OF BIRTH 13 STREET ADDRESS ADATE OF BIRTH 14 DATE OF BIRTH 15 STREET ADDRESS AGE (In years) Is a DATE OF BIRTH 16 STREET ADDRESS AGE (In years) Is a DATE OF BIRTH 17 STREET ADDRESS AGE (In years) Is a DATE OF BIRTH 18 STREET ADDRESS AGE (In years) Is a DATE OF BIRTH 18 STREET ADDRESS AGE (In years) Is a DATE OF BIRTH 18 STREET ADDRESS AGE (IN Years) Is a DATE OF BIRTH 18 STREET ADDRESS AGE (IN Years) Is a DATE OF BIRTH 18 STREET ADDRESS AGE (IN YEARS) AGE (IN YEARS) IS A DATE OF BIRTH 18 STREET ADDRESS AGE (IN YEARS) AGE (IN	RURAL and give negrest town)
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d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 1131 Granville Rdi 3. NAME OF DECEASED (Type or print) GEORGE CASSELL KETIHOLTZ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years) 18. DATE OF BIRTH	
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3. NAME OF DECEASED (Type or print) GEORGE CASSELL KETIHOTTZ DEATH AUS	ON A FARM?
DECEASED (Type or print) GEORGE CASSELL KETIHOTTZ DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthday)	Rd YES □ NO 🔯
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years) lost birthdoy)	nth Day Year
lost birthdoy)	
	Months Days Hours Min
Male White WIDOWED DIVORCED Aug. 27. 1878 79 78	Troots Print
10a. USUAL OCCUPATION (Give kind of work done done done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
Tile setter Baltimore Md.	TT S A
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Jesse Keilholtz ? Lyons	
IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 117 INFORMANT	Balto. 7, Md.
No N	
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: OO A X DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost. (b) DUE TO (c)	ONSET AND DEATH
	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While at work of work of work 19 of work 19 work 19 work 19 work 19 of work 19 work 19 work 19 work 19 work 19 work 19 of work 19 work	(County) (State)
21. I certify that I attended the deceased from Feb. 1952 19 to Gene 11 1953	2, that I last saw the deceased
alive on and that death occurred at 7:30 A.M. from the causes of	
ADDRESS (Street, city or town,	
SIGNATURE J- Pulson Mohay M.D. 6014 Elmondo	3. lt 28 my 8-12-
PHYSICIAN'S J. Nelson McKay 6014 Edmondson Ave. Catonsvill	e - 28, Md.
220 BURIAL, CREMATION, 72b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, REMOVAL (Specify)	or county) (State)
Burial 8/14/1958 Mt. Olivet Baltimore	a. Md.
13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DO 1 + 4 BEG 240 REC'D BY REGISTRAR 246 REG	STRAR'S SIGNATURE
G. Howard Strong 3207 W. North Ave.	

G. Howard Strong 3207 W. North Ave.

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

825	CERTIFICATE	OF	DEATH
823	CERTIFICATE	V I	PLAII

0.0.6.3				Reg. Dist. No.	
1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryland	ere deceased lived. If institution b COUNTY	Residence before	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore	c. LENGTH OF STAY IN 16		outside corporale limits, write RL		
d. NAME OF HOSPITAL (If not in haspital, give street in the spital giv	et address)	/ d. STREET ADDRESS 4217 Full	erton Ave.		ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) Tobbe 5	Middle	Lost	4. DATE Mont	h Day	
LOUVLE LA	Kent ARRIED NEVER MARRIED X	B. DATE OF BIRTH	9 AGE (in years	IF UNDER 1 YEAR	6 19 58 IF UNDER 24 HRS
- WIDO	WED DIVORCED		lost birthday) (Months Days	Hours Min.
Temale White			.871 86 yrs.	III CITIZEN O	WHAT COUNTRY
during most of working life, even it retired)					
Companion	At home	Balto.	Md.	U.S.	A •
13. IATTIER 3 IVAME					
Kent		Unknow			
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? You no or unknown) (If yes, give wor or dates at service)	16 SOCIAL SECURITY NO 17. II	NFORMANT	Addre	:58	
No	None	Mr. William	J. Seward 1	E. Overle	ea Ave.
18 CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c)	1 .0			RYAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Heart	failur	e	ONS	I AND DEATH
450.0 DUE TO	- 1	V			
Conditions if one which	arler	ioscler	1-110		
gave rise to immediate					
couse (o), storing the under-					
	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION PART II. OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	D (Enter nature of injury in f	Port I or Part II of item 1B.)		
Hour o.m. Whi		ACE OF INJURY (Home, form clary, street, office bldg., etc	20f (City or town)	(County)	(Stote)
21. I certify that I attended the dece	esed from 8 - /	3 , 1958, 10 0	-16 1958	that I last sa	w the decease
alive on 8-13 - 19	58, and that death	occurred at 10.A	M, from the causes at		
0 0 0	0 0 0 1		ADDRESS (Street, city or town, s		DATE SIGNE
ACTUAL SIGNATURE DY JOHN G	elduch	MD. 801	9 Philade	lphia .	Rd# 6
PHYSICIAN'S DR. John.	GELDRIC	H			
20. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 8-19-1958	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	,,	(Stale)
3 FUNERAL DIRECTOR'S SIGNATURE	// ADDRESS	240 PEC'S		TRAR'S SIGNATURE	
Vandley Stanill	MR 740 188/	15 11/1		Thus & Krai	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ely filled in by the funged director, Pages 1 and 2 should be filled with ofter death. moy be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: Aftire is certificate has been signed by the attending physician and coppage 3 should be detached for use as the burial-transit permit. Then please remove packen the registrar prior to burial, cremation, ar remaval, and in any event within 72 hays after death the registrar prior to burial, cremation, ar remaval, and in any event within 72 hays after death VS A1S (4) 15M 10/57



	0040			Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased in a. STATE MARYLAND	ved. If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) TOWSON	c. LENGTH OF STAY IN 16 4 YRS.	c. CITY OR TOWN (If autside carporate BALTIMORE	e limits, write RURAL and give nearest town) - 24
	d. NAME OF HOSPITAL (If not in haspital, give street of or institution ARMACOST NURSING HOME	address)	d. STREET ADDRESS 829 SOUTH ELLWOO	DD AVENUE 1. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) LAURA MAY KINDS	Middle ERVATTER	Lost 4. DATE OF DEATH	AUG. 24,1958,9
	5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	3.5	?-? 1876	AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 82 yrs. Manths Doys Hours Min.
	10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSEWIFE	KIND OF BUSINESS OR INDUST		ARYLAND. USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	JARRETT HANCOCK		ANNA C. BUI	RLINGAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (You, no or unknown) If you give wor or defea of service) NO 212-09	7087 A. MF		TWOOD&AY ENUE
	Canditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO DUE TO		otic Cardiovascu	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	CATIC		(Enter nature of injury in Port I or Part II	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH			
	Hour s.m. While	NJURY OCCURRED 206. PLAGE Not while facts at work	CE OF INJURY Hame, form, 20f. (City or ary, street, affice bldg., etc.)	(Caunty) (State)
	actual signature Clarence		occurred at 5 TO M, fram	
	220 BURIAL CREMATION, 226. DATE THEREOF LENGTH BILLING 8/27/58	22c NAME OF CEMETERY OR		N (City, town, or county) (State) WOODLAWN MARYLAND.
	23. FUNERAL DIRECTOR'S SIGNATURE HENRY SANDER & SONS	ADDRESS INC. BALTO. N	1D. 240. REC'D BY REGISTRA DATEMIG 2 8 '58	R 246. REGISTRAR'S SIGNATURE Commun S. Krama

may be retained by the hasp.

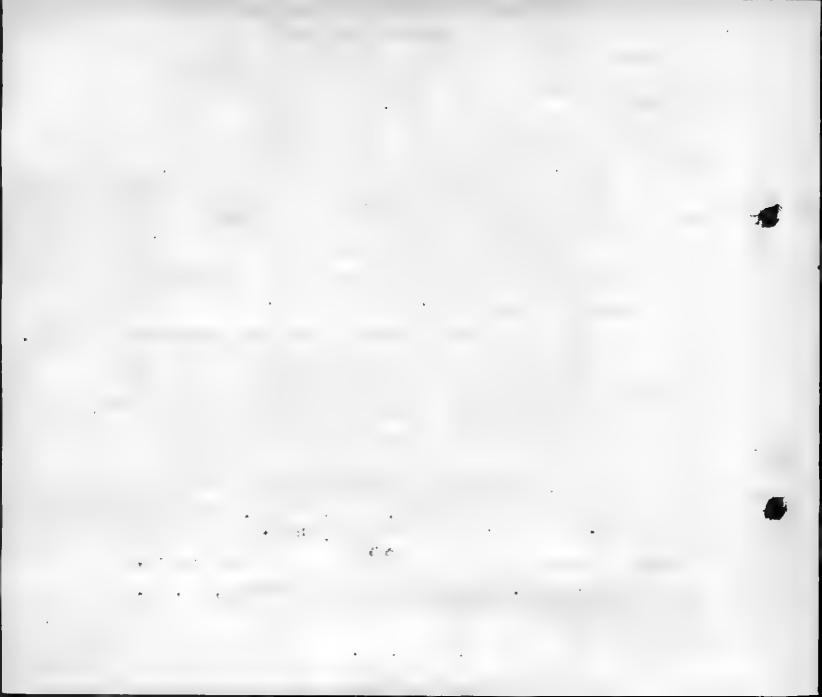
TO FUNERAL DIRECTOR: Aff
page 3 shauld be detached... TO HOSPITAL OR VS A15 (4) 15M 9/55

page 3 shauld be detached and use as the burial-transit permit. Then please remark carbon per the registrar prior to burial, crematian, ar remayal, and in any event within 72 houry after death.

s certificate has been signed by the attending physician and use as the burial-transit permit. Then please remave carbon is

iely filled in by the funeral director. Pages I and 2 shauld be filed-with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page.

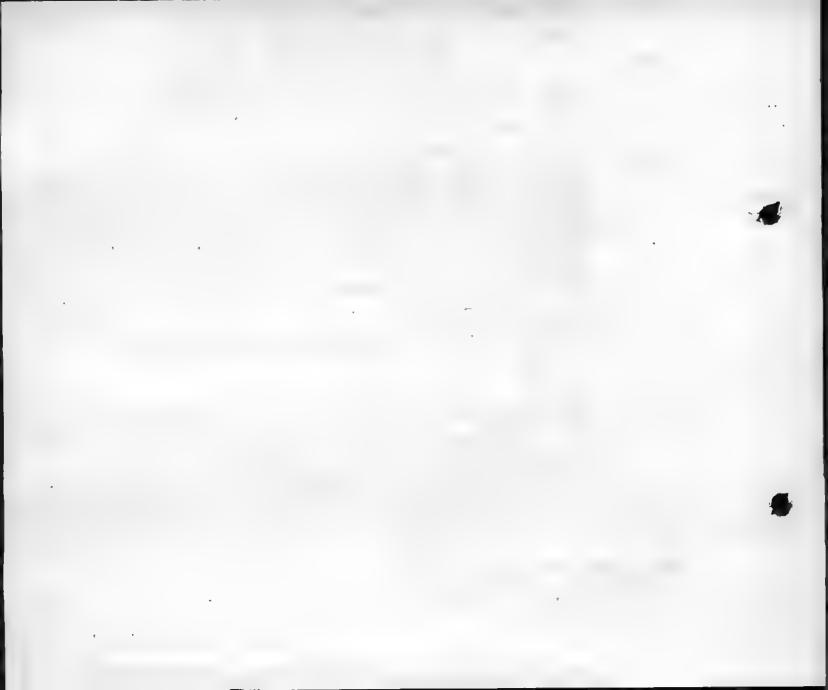


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

>	8827	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	3014
	1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Maryla:	nd b COUNTY		
1	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write R		
1	Rural Garrison	Lifetime	x Garrison,	Ed.		
	d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	oddress)	Reistersto	wn Road		RESIDENCE N A FARM?
	3. NAME OF First DECEASED	Middle		4. DATE Mon	th Day	Year
	(Type or print) William	Albert	Knott	DEATH August	18.	19 58
	S. SEX 6. COLOR OR RACE 7. MA	RRIED 🔀 NEVER MARRIED 🔲	B. DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEAR IF U	NDER 24 HRS
	L TICLE C	VED DIVORCED	May 5, 1885	73 yrs	Months Days Ho	urs Min
	10o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote o	r foreign country)	12 CITIZEN OF WE	HAT COUNTRY
	Retired	Chauffeur	Emmittsb	urg, hd.	U.S.A	
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	WE		
	William Harry Kno	ott	Sally Se	chorb		
	TS. WAS DECEASED EVER IN U. S ARMED FORCES? 11 [Yes, no or unknown]	SOCIAL SECURITY NO. 17	NFORMANT		son, Mary	land
	No None	214630-3437 N	Irs. Sadie E		sterstown	
	Part II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	PEI	REORMED?
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Po	ort I or Port II of item 18.)	163	□ но 🌋
	A Hour o m. While		ACE OF INJURY IHome, form, ctary, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
	27. I certify that I attended the deced alive on 19. 19. ACTUAL SIGNATURE MINO A. MILLS NAME (Type) James A. Mills 220 BURIAL CREMATION, 226, DATE THEREOF	58 and that death	No. 1331 Re Reisterst	M, from the causes of contest (Street, city or town, as ters form Rown, Pik	A, Rikarile esville 8	ated abave DATE SIGNED
	Burial Aug. 20.19			Pikesvill		naiel
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE	
	Frank 91. 11.11	All Isher	not le DATELIG		wy S. Hraus	



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led with	Ni.)	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

		8828	CERTIFICA	ALE OF DEATH	Reg. Dis	t. No.
		COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where de	ceased lived. If institution: Resident b. COUNTY	te befare admission)
	ŧ	CITY ON JOWN (If outside corporate limits, write RURAL odd give neafest tawn)	EMEARS	c. CITY OR TOWN UT outside	corporate limits, write RURAL and g	ive nearest town)
		d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION) 108 Puller	Anne Da	d. STREET ADDRESS	Ducen ANNE	2: IS RESIDENCE ON A FARM? YES NO -
		NAME OF DECEASED (Type or print) FRANK	Middle	V 2 0	EATH HUG	Day Year 2-2-1958
	5. \$	M W WIDOWE	ED DIVORCED	JULY 11 191	7 8 yrs.	Days Hours Min.
		USUAL OCCUPATION (Give kind of wark done during thest of working life, even if retired)	CAB Co.	1 BALT	ign country) 0 - Md 12. CITI	25 A
		WILL IAM J	KRAMER	14. MOTHER'S MAIDEN NAME PETROHE	LLA PANG	NICZ
		yes (If yes, give wor or dates of service)	48-01-6041	Edna Bon	CENKRAM ER	SAME
		18. CAUSE OF DEATH {Enter anly ane cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [a]	corona	my throm	bosis	ONSE AND DEATH
		Conditions, if any, which by the same to be the sam				0
	-	lying couse last. DUE TO (c)				
3	CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS C				PERFORMED?
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter noture of injury in Port I o		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. It Hour a. m. 19 White of war	Not while for	clary, street, office bldg., etc.)	, (City or town) (C	ounty) (Slate)
		21. I certify that I attended the decease alive an Au 22 , 19	ed fram Morck 58, and that death	occurred at 9.49 M.	from the causes and an th	ast saw the deceased te date stated above.
1		ACTUAL SIGNATURE STATES A	Burns	MD8106 Harf	SS (Street, city or town, state)	DATE SIGNED
1		PHYSICIAN'S NAME (Type) Name 1 d	N- BUEN.	s		
		BHNAL CREMATION 226. DATE THEREOF AUG 25-1958	22c. NAME OF CEMETERY O	ore NationA4	OCATION (City, town, or county)	(State) M
	23.	Chas t. Luars & Son	8800 HART	DA & BOATE AUG		S. Hinua



VS A15 (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

		8829		CERTIF	ICA	ATE OF D	EATH	1		Reg. Dist.		(1004
1.	PLACE OF DEATH o. COUNTY	Baltimor	е	MARYL	AND	2 USUAL RESIDE	ence (who		lived If institu		before adn	nission)
Γ	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi arest lawn)	ts, write	c. LENGTH OF STAY IP	N 1b	c. CITY OR TO	OWN (If o	utside corpor	ate limits, write	RURAL and giv	e neorest to	own)
-	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, s		oddress)		d STREET AD		orook	Road		101	RESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Fran	at	Middle S.		losi Lac		4. DATE OF DEATH	Me	nth	Day 1.5	Year 19 >8
5.	sex riale	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRIED		odt.5.	1871		9. AGE (In years lost birthday) 78 yr	Months D	YEAR IF UN	
10	O USUAL OCCUPATION during most of working Machini	ing life, even it relired	done 10b, I	Crown Coz		TRY 11. BIRTHPLA	ъ -	or loreign col	unity)		EN OF WH	AT COUNTRY
13	Thomas L					14. MOTHER'S A		AME		1	2 8 22 9 22	•
15	. WAS DECEASED EVER		ervice)	2-03-8154	17 H	FORMANT		1, 330		dress]	
	18 CAUSE OF DEAT	mediate (ar	terrock	ne	Myse ticlan	dior	lites	los De	revae	INTERVAL ONSET AN	BETWEEN ND DEATH
CERTIFICATION	PART II. OTH		DITIONS CO	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO 1	THE TERMIN	NAL DISEASE	CONDITION G	VEN IN PART I	PER	S AUTOPSY FORMED?
		S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURREC). (Enter noture of	injury in P	ort I or Part	II of item 18)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While	JURY OCCURRED 2	De. PLA foc	CE OF INJURY (He tary, street, office I	ome, form, bldg., etc.)	20f (City	or lown)	(Co	unty)	{Stole}
-	21. I certify the alive on	at I attended the	decease , 195	0 /		occurred at a			the causes out, cut or town No. 19.51	and on the		
	PHYSICIAN'S NAME (Type)	AMUEL	B.W	OLFE			To	vion	1,4, M	d	***	
27	o Burial, CREMATION REMOVAL (Specify) Burial		9,58	22c NAME OF CEMET		CREMATORY		-	on (City, town,			ole)
23	Wm. Cook		17 St	ADDRESS Paul St.				BY REGISTR		ISTRAR'S SIGN	ATURE LAND	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08822 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea, Dist. No. 2. USUA1 RESIDENCE (Where deceased lived. If institution: Residence before admission) Ral timore Maryl and Baltimore. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? 297 Montrose Ave. Balto. 21. Md. YES NO . 297 Montrose Ave. Balto. 21. Md. Middle Year William . (Schunter DEATH 1958 August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [8. DATE OF BIRTH 9. AGE .In years IF UNDER TYPAR IF UNDER 24 HRS. last burthdovt Months Hours WIDOWED IT DIVORCED | 8. 1885 White ym. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Brewery Worker (Retired H.S.A Germany 14. MOTHER'S MAIDEN NAME Christian Laib 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mrs. Katherine Laib 297 Montrose Ave. Balto. 18. CAUSE OF DEATH [Enter only one cause per line for (d), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: **DUE TO** Conditions, if ony, which gove rise to immediate couse DUE TO 75-C-V-1)15-805-2 (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? 0 NO. 20b. DESCRIBE HOW INJURY OF CURED (After noture of injury in Post for Port II of item IE.) 20g, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 202-FLACE OF INJURY (Home, form, 20f. (City or town) (County) (StotE) factory, street, office bldg., etc.) Hour Not wh of work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection A death resulted from: Natural causes De Accident . Suicide . Hamicide . Undetermined cause . DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER T **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 226. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial County Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 118 Eastern Blvd. Balto.21 DATERING 2 0 '58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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hy filled in by the funeral director, Pages 1 and 2 shauld be filed with may be retained by the haspitation attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and carripage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papes the registrar priar to burial, crematian, ar remaval, and in any event within 72 hour ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the distriction be excepted within 21 hams often death. Page 4 VS A15 (4) 15M 10/57

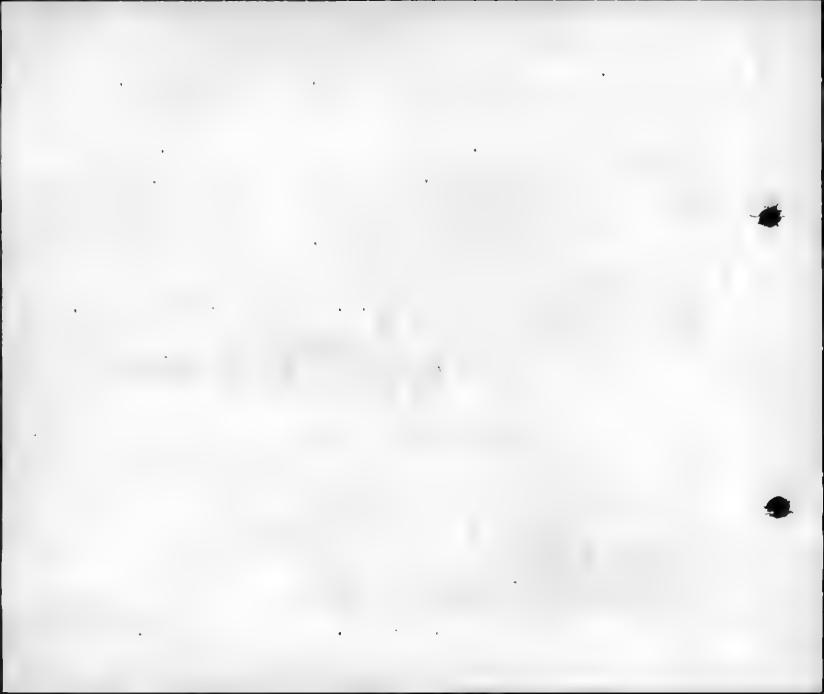
>	8831	CERTIFICATE OF	DEATH	Reg. Dist. No.
\	PLACE OF DEATH Baltimore	MARYLAND 2 USUAL 0. STATE	RESIDENCE (Where deceased lived If it b. CO	
/	b. CITY OR TOWN (If outside corporate limits, write RURA) and give negretal lown) MICOLO NIVEL	c. LENGTH OF STAY IN THE C CITY 54 M1	OR TOWN (If outside corporate limits, valde River	write RURAL and give nearest town)
3	d NAME OF HOSPITAL (If not in haspitol, give street of OR INSTITUTION 107 Dihedral 1		7 Dihedral Drive	e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ASH13Y	THEODORE LA	Lost 4. DATE OF DEATH	Month Day Year Gera 17 195 6
	5. SEX 6. COLOR OR RACE 7 MARRI WIDOWEI	D DIVORCED DIVINO	20, 1907	years IF UNDER 1 YEAR IF UNDER 24 HRS day) yes Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b.) during most of working life even if refired) Hydralio Engineer Gle		HPLACE (State or foreign country) irginia	12 CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME Hensel Landes		ER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S [Yes, no or unknown) (If yes, give wor or dates of service)		Thompson Landes 1	Address O7 Dihedral Drive
	couse (a), stoting the under- lying couse lost.	ORONARY (INTERVAL BETWEEN ONSET AND DEATH
k. ;	PART II OTHER SIGNIFICANT CONDITIONS CO			YES NO P
		RIBE HOW INJURY OCCURRED (Enter notu	re of injury in Port I or Port II of Hem 1	8.)
	Hour a.m. While	UURY OCCURRED Not white of work 20e. PLACE OF INJUI	RY (Home, farm, 20f. (City or town) ffice bldg., etc.)	(County) (State)
/	21. I certify that I attended the decease alive an Lucy 17, 19 S ACTUAL SIGNATURE OLUS SEME PHYSICIAN'S LOVIS SEME	d from Oug 2 (, 195), and the death accurred		ses and on the date stated abave town, state) S S S S S S S S S S S S S
	Presentation, 22b. Date thereof Burial Aug. 20,1958	22c. NAME OF CEMETERY OR CREMATOR Loudon Park	22d. LOCATION (City. 1	own, or county) (Stole)
	23 FUNERAL DIRECTOR'S SIGNATURE John O. Nitchell & Sons: In	ADDRESS 10. 1900 Eutaw Place	240. REC'D BY REGISTRAR 24b	REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 feath. After of copy of 08824 CERTIFICATE OF DEATH 8832 Reg. Dist. No..... le Ele 1. NAME OF DECEASED 2. DATE Aug. 20,1958 Milton (Type or Print) OF harles and DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence S. PLACE OF DEATH: death clearly a A Baltimore Gity, Mary and A. STATE B. COUNTY, before admission) BaHo (If por inches is all of his situation, give street address or POINT location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give E. Norpa INSTITUTION 3704 (If rural, give location) Yrs. D. STREET ADDRESS BALL Mos. JOAPA 3704 c. Length of stay in Baltimore Dave A E 6 COLOR OR RACE 9. AGE (In years) If Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) | Months Days | Hours | Min. causes HIN TE WIDOWED, DIVORCED (Specify) 9-26-84 Widowed 10A, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10a, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) rainter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME write RDS 1 Emma SIMPSON Charles 15. WAS DECEASED EVER IN U. S ARMED FORCEST 16. SDCIAL carefully supplied, Physicians: please 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) RECORD. SECURITY NO. FEIGUSON 3704 E works. Mrs INTERVAL BETWEEN CAUSE OF DEATH 18. 1420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY PERMANENT BLACK OR BLUE-LEADING TO DEATH W Coronary grteriosclerosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 3.1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE WITH DISEASE OR CONDITION CAUSING IT IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION ZU. AUTOPSY? CAUSE OF DEATH, ENTER IN of informabe PART LOS PART W 22. I certify that (I) (this hospital) attended the deceased from TYPE, . Aug 20 ... 19 5.5 , that (I) (we) last saw the deceased alive on ... and that leath occurred at 1:30 A m., from the causes and on the date stated above 23c. DATE SIGNED 238 ADDRESS 6677 Harford hal 8-20-58 item TIFIC ATTENDING PHYS MEO. OIRECTOR STAFF PHYS. 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City town, or county) 244 BURIAL CREMA TION REMOVAL (Specify) Every CERT 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR HIS. Cally & Krue AHO 9 1 VEG

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1 .				MARY	LAND	STATE DEP	ARTM	ENT OF I	HEALTH	-BAL	TIMORE, 1	8	211	825
				8833		CERT	IFIC.	ATE OF	DEATH			Reg. Dist.	(, (,	0.0.1
director		1	PLACE OF DEATH	•		MAR	YLAND	2. USUAL RES G. STATE Md	IDENCE (When	re deceased	Lived. If instituti b. COUNTY			asion)
d be f			RURAL and give no		its, write	c. LENGTH OF STA	Y IN 16	c. CITY OR			rote limils, write R		e nearest toy	rn)
the fun should	٠	r	d NAME OF HOSPIT OR INSTITUTION	Ville AL (If not in hospital, g	give street	oddress)		d. STREET	Kesvill Address	Le				S DENCE A FARM?
n by		F		Park Heigh					05 Parl		thts Ave] NO []
filled ges 1 o			NAME OF DECEASED (Type or print)	JUIII Fir	US	Middl A •	I	ETMATE		4. DATE OF DEATH	Au		Day	Yeor 19 58
Po			ale	6 COLOR OR RACE		RIED NEVER MARI		B. DATE OF BIRT			9. AGE (In years lost by thday) OLI yrs		YEAR IF UND	
				White ON (Give kind of work)	WIDOW	_			1, 1874					
on po		R	td (self e	ing life, even if retired mployed)	}	Contracting		Md			untry)	12 CITIZ	EN OF WHA	I COUNTR
a Sarah		V	FATHER'S NAME	- 3 - 3					S MAIDEN NA	ME				
ove	1	A	rederick L	RIN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY N	0 17 17	Un:	known		Add			
ng ph e rem 72 hc		(re	s, no. or unknown)	(If yes, give wer or dates of s	ervice)	SOCIAL SECORITY N			0 MM 0 m 1		te=3603		1- 73.1	
inding physician, icate has been signed by the horial-transit permit. The brial or remaval, and in any even	0	CERTIFICATION	Conditions, if or gove rise to in couse (a), stating lying couse lost. PART II OTH 200 ACCIDENT WA OR CONTRIBUTING	mmediote The under- TER SIGNIFICANT CON	A STITIONS	en. a	EATH OUT	NOT RELATED TO	COME TERMIN	AL DISEASE	CONDITION GIV		PERF	AUTOPSY DRMED?
s certify use as emation,		MEDICAL	20c TIME OF INJURY Hour o.m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED Not while of work	20e. PLA fac	CE OF INJURY lary, street, offic	(Home, farm, te bldg., etc.)	20f. (City	or lown)	(Cov	anty)	(Stote)
6 ± 6 6 ± 6			21. I certify th	at I oftended the	deceas	ed from	-19		£ 108	-2	5-, 19.5	that I los	st sow the	deceose
pined by the high by DIRECTOR: A uld be detached prior to burion	1		ACTUAL SIGNATURE	8-43	19.	58, ond tho	t deoth	occurred at	6.30	DORESS (Sir	the couses of eet, city or town,	nd on the	date sto!	ed above
RAL shou	1		PHYSICIAN'S NAME (Type)	Y. H.	Sic	er		The.	Here	DIC	18		9,	D
may be FUNE page 3 the reg		220	BURIAL, CREMATION REMOVAL (Specify) Burial	8/27/58	F B	22c NAME OF CEA	_	Cema	2		tville.		(Sto	ie)
V5 A15 (4) 15M 10/57		23.	SUMERAL DIRECTOR'S	S SIGNATURE	1- /x	ADDRESS DUS - DE	ecte	0.17	24a. REC'D	BY REGISTR	AR 24b REGIS	TRAR'S SIGN	ATURE	
			J				C	ma			<u> </u>	1 2. 1	traces.	



within executed TO FUNERAL DIRI page 3 shauld b

Mrs. Ordelle Lowe 7912 N. Boundary Rd. INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH'BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 12 (County) (State) 19____,that I last saw the deceased 1. and that death accurred at 1252PM, from the causes and an the date stated above. **PHYSICIAN'S** NAME (Type) Baldwin M.E. Church Com. Anno Arundol 220. BURIAL, CREMATION, 22b. DATE THEREOF 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JOHN J. DUDA 7922 Wise Ave. 22, Md. arthur & Hours

US826

e. IS RESTDENCE

12 CITIZEN OF WHAT COUNTRY?

U.S.A.

ON A FARM

YES NO

Baltimore



8834

CERTIFICATE OF DEATH

08827

1			000#		CERTIFI		L OI DEAIL	Reg. Dis	. Dist. No.					
	1. P	LACE OF DEATH	Baltimore		MARYLAN	11	USUAL RESIDENCE (Who STATE Mary)		d lived. If institution b. COUNTY	Baltimore				
		RURAL and give	(If outside corporate lim nearest town) OWBON	its, write	c LENGTH OF STAY IN	orota limits, write RI Cowson	a limits, write RURAL and give nearest town) WSON							
2	(OR INSTITUTION	PITAL (If not in hospital, in Glenari			1	d street address Glenarm	Road					FARM?	
	0	NAME OF DECEASED Type or print)	Sister Man		Middle bertina Lutz		Last	4. DATE OF DEATH	Mon August	th	Da L		Yeor 1958	
	5. S	EX Female	6. COLOR OR RACE White	7 MARI	RIED NEVER MARRIED [ED DIVORCED [are of Birth Arch 27, 180	64	9. AGE (In years lost birthday)	Months	1 YEAR	Hours	ER 24 HRS. Min.	
	100	00 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher			KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Stote Alsace Lo	-	**		ZEN OF WHAT COUNTRY			
	13 1	FATHER'S NAME	John Lutz			1.	Anna Mari		amillan					
	15. 1 (Yas,	WAS DECEASEDE!	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7. INFO			Addr	Notch	Cli	ff,	Md.	
			immediate DUE TO)	Coronary Th	rom	bosis				ONS	RYAL BE	DEATH	
3	CERTIFICATION				CONTRIBUTING TO DEATH					EN IN PAR	1 1(0) 11	PERFC	AUTOPSY DRINED?	
			VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER]		CRIBE HOW INJURY OCCU	,								
	MEDI	20c. TIME OF INJU Hour o. m p. m	19	While of wor	k at work	foctory.	OF INJURY (Home, form, street, office bldg , etc.	}			County)		(State)	
			that I attended the	deceas 	ed fram July 30 8 and that de		7501 Vorte	ADDRESS (S		nd an th	ne dat	e state	deceased ed abave ATE SIGNES /58	
1		PHYSICIAN'S NAME (Type)	Charles F.											
		BURIAL, CREMATI REMOVAL (Specif DUPLA FUNERAL DIRECTO	18-6-	58.	S. ADDRESS NKL	NG	A CEM.	NOTO BY REGIS	TRAR 245 REGIS	FN	RII	(5101) (V S E	ov, M	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 Hetely filled in by the funeral director, rs. Pages I and 2 should be filed with may be retained by the hotation or attending physician.

TO FUNERAL DIRECTOR: A bis certificate list been signed by the attending physicial and page 3 should be detached or use as the burial-transit permit. Then please remove carbon the registrar prior to burial, cremation, or remaval, and in any event within 72 haugh after dis VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8835 **CERTIFICATE OF DEATH** Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY b. COUNTY Maryland MARYLAND Pr. George Baltimore County b CITY OR TOWN (f outside corporate limits, write c. CITY OR TOWN IIf outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 RURAL and give nearest town)
Mt. Wilson, Maryland Hyattsville d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS ON A FARM2 3401 Nieholson Ave. Mt. Wilson State Hospital YES NO P 3. NAME OF Middle Gilbert OF Colaton Manuel Aug (Type or print) 6. COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 5 SEX 9. AGE (In years last birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Mala White 8/21/88 Months Doys WIDOWED [7] DIVORCED M 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State of foreign country) 12 CITIZEN OF WHAT COUNTRY Repairmen life, even if retired) Telephone West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christopher Manuel Catherine Young 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 212-10-05290 Hospital Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Tuberculosis Chronic Pulmonary 11 years DUE TO Pulmonale years Cor Conditions, if ony, which ! gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPS PERFORMED? Diabetes Melitus YES PA NO [200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not while of work of work 21. I certify that I attended the deceased from 8-1 8 - 4 1958 that I last saw the deceased 1958 ta , 19.58 , and that death accurred at $7:30\,\mathrm{P_{M}}$, from the causes and an the date stated above FUNERAL DIRECTOR: age 3 should be detac ADDRESS (Street, city or town, state) Uwarmen M.D. Mt. Wilson, Maryland PHYSICIAN'S NAME (Type) William Newcomer, M.D. Superintendent BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (C.ty. town, or county) 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURES VS A15 (4) 15M 10/57



08829

	88	36		CERT	IFIC/	ATE OF	DEATH	Ĭ		Reg. Di	st. No.	00000
1. P	COUNTY	224		MAR	YLAND	2. USUAL RES		ere deceased l	ived, If institu b. COUNT		ce before o	dmission)
-	. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAT	Y IN 16	c. CITY OI	Mary a	rio viside corporal	te limits, write	RURAL ond	give nearest	lown)
	RURAL and give ne			limo 26da	n T C C		altimo	***	ウ	11-1	. 1	1
١	NAME OF HOSPITA	L (If not in haspital g	ive street i		-TAO	d. STREET					0, 1	RESIDENCE
	or institution Spring	Grove Sta	te Ho	spital		1109	So. F	ayette	Street	t		ON A FARM?
3. P	AME OF	Fir	al .	Widdl	•		ast	4. DATE		onth	Day	Yeor
	ECEASED Type or print)	Emma		M .		Martin		OF DEATH	Augus	at. 23		19 58
S. S	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARK	IED 17	8 DATE OF, BIR	TH _L n	1870°	AGE (In year	IF UNDER	1 YEAR IF	UNDER 24 HRS
	Female	White	WIDOWE				1975	7010	83 57	Months 3.	Days H	ours Min.
10a	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11 BIRTH	PLACE (Slote	or foreign cavi	ntry)	12 CII	TIZEN OF W	HAT COUNTRY?
		cnown				n	ot kno	wmm		1	U.S.	A.
13. (ATHER'S NAME					14. MOTHER	S MAIDEN N	AME				
	not	known					not	known				
15		IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY N	0. 17. 1	NFORMANT			Ac	ldress .		
(no	i per give mai or ourse ar i	Les sit	3 16 0803		Record	s: Sp	ring G	rove St	tate Ho	ospita	1
	18. CAUSE OF DEA	TH [Enter only one co	use per lir	e for (o), (b), and (c).]						INTERV	LL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal bronchopneumonia										S few days	
	Hard of 1 DUE 10										TEN COUNTY	
	Conditions, if ony, which gave rise to immediate his TO									many years		
Ш												
Н	cause (a), stating t lying cause lost,	he under-										
z		ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED	O THE TERMI	NAL DISEASE O	ONDITION	IVEN IN PAR	T 1(o) 19. V	VAS AUTOPSY
ΑŢ	0.333	2.4.2	. 1									ERFORMED?
FIC	20g. ACCIDENT WA	itis of mi		TRIBE HOW INJURY	OCCURRE	D (Enter nature	of miury in P	ort For Port II	of item 18.)			- C
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)					, . ,					
	20c. TIME OF INJURY		gr 20d. //	NJURY OCCURRED	20e PL	ACE OF INJURY	(Home, form,	20f. (City o	r tawn)		County)	(State)
MEDICAL	Hour o.m.	19	While of work	Not while		clory, street, off			,	,		(0.0.0)
171	p. m.				07	F	'e .	<u>i</u>		-6		
П		at I attended the										
	alive on_Aug	UST 23	, 19	50, and tha	it death	accurred a		LM, fram ADDRESS (Stre			he date :	stated above
	ACTUAL SIGNATURE	runo	R	abaus	ken	M.D		ing Gr			spital	- 4
	PHYSICIAN'S NAME (Type)	runo Radau Bruno Ra	iskas Jueka	6-M.D.				Catons				
220	BURIAL, CREMATION	y, 22b. DATE THEREC	OF /	22c NAME OF CEN	METERY C	R GREMATORY		22d LOCATIO	ON (City, fown	, or county)		(Stote)
1	REMOVAL (Specify)	aug 2	7/5-8	Cede	en o	hove		134	llo	MO	211	1
23	UNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS		,	240. REC'I	BY REGISTRA		distracts si		

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requ'— that the death certificate be executed within 24 hours after death. Page 4 may be retained by the harbid or ottending physician.

TO FUNERAL DIRECTOR: At his certificate has been signed by the attending physician and the letely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon place. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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08830

CERTIFICATE OF DEA

	83	337		CERTIFICA	AIE OF DEATH		Reg. Dist. No.				
1. P	PLACE OF DEATH I. COUNTY	Balti	more	MARYLAND	2. USUAL RESIDENCE (Who o STATE Mary	tere deceased lived. If institute b. COUNT	tion Residence belare admission Y Baltimore	n)			
Ь	CITY OR TOWN (II RURAL and give no		. //	GTH OF STAY IN 16	c. CITY OR TOWN (IF or	otside corporolo limits, write	RURAL and give nearest town)				
c	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital)	ol, give street oddress) Oartmouth	Avenue	1 d. STREET ADDRESS	tmouth Aven	o. 15 RESID ON A F. YES []	ARM?			
3. h	NAME OF DECEASED Type or print)	Mr. J.	oseph	Middle	Mauler	4. DATE Mc	onth Day Yes	- 1			
5. S	male	6. COLOR OR RA	CE 7. MARRIED D	DIVORCED	8. DATE OF SIRTH June 15, 1	9 AGE (In year last birthdoy) 52 yr		24 HRS Min			
10¢	USUAL OCCUPATION during most of work	ON (Give kind of wo	red)	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of Baltimo)	Δ1 . /	12 CITIZEN OF WHAT C	OUNTRY			
13. !	FATHER'S NAME ONT	ad Maul	7 0 0		Laura Wal	AME					
	WAS DECEASED EVE	R IN U. S ARMED I	FORCES? 16. SOCIAL 217:0	SECURITY NO 17 I	NORMANT Mrs. Mary M	Mouler.	Aame				
		TH [Enter only one TH WAS CAUSED 8 IMMEDIATE CAUSE), (b), and (c).]	of the es	phogue	INTERVAL BETY ONSET AND D				
	Conditions, if or gave rise to it cause (a), sloting	mmediate ((b)								
ICATION		m	conditions contributed as	UTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition G	IVEN IN PART I(0) 19. WAS AL PERFORM YES []	VED5			
L CERTIFI											
MEDICA	20c. TIME OF INJUR Hour a. m. p. m.			at while fo	ACE OF tNJURY (Home, form, clory, street, office bldg., etc.	20f. (City or town)	(County)	(State)			
	21. I certify that I attended the deceased from July 5, 1957, ta 3, 1957, that I last saw the deceased alive an 23, 1956, and that death accurred at M, from the causes and an the date stated above.										
1	ACTUAL SIGNATURE Cruis R. Masu Min 43345 Park Heights Ave. 8/25/58										
	PHYSICIAN'S NAME (Type)	Louis M			Baltimo	re, Marylan	d				
	REMOVAL (Specify)	8/26/	0 41	tional (e	r crematory meltery	Baltimore	, Maryland				
23.	FUNERAL DIRECTOR	100	ck 5305 H	Poress Parford Re	pad DATE		GISTRAR'S SIGNATURE				

may be relained by the hax all ar ottending physician.

TO FUNERAL DIRECTOR: After its certificate has been signed by the ottending physician and copage 3 should be detached use as the burial-transit permit. Then please remove carbon protections are registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The lom requires that the deoth certificate be exer VS A15 (4) 15M 9/5S

retely filled in by the funeral director, 3. Pages 1 and 2 should be filed with

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ted within 24 hours ofter death. Rage 4



22c. NAME OF CEMETERY OR CREMATORY

NATIONAL

LINGTION

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

(Stote)

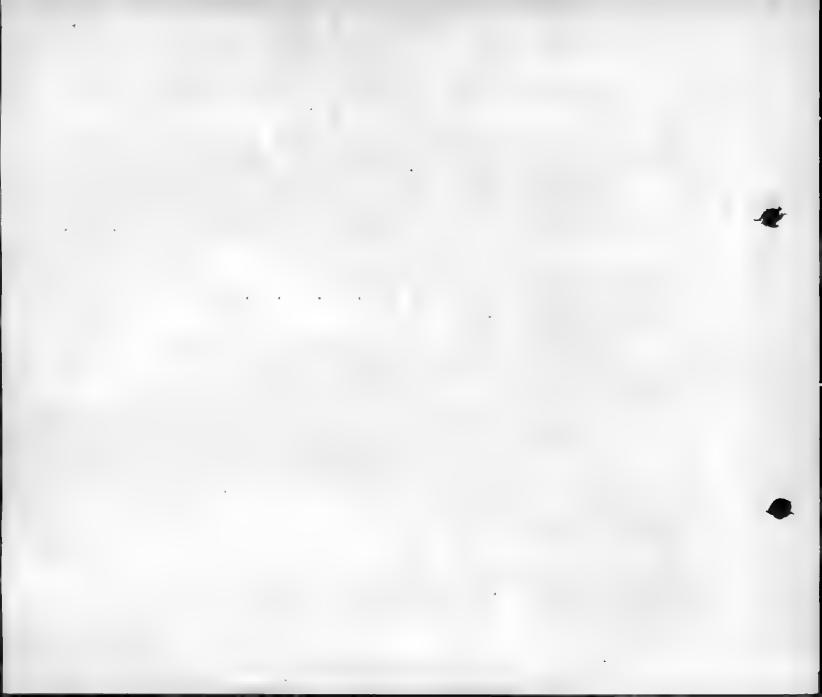
220. BURIAL, CREMATION, 226. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 2239 Rea. Dist. No. with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) COUNTY should the Riled b. COUNTY MARYLAND Baltimore Maryl.and M funeral b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Fort Howard l Davs d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE 50 604 Cherry Crest Road Veterans Administration Hospital YES NO NAME OF First Middle DECEASED Year OF DEATH F. McGATHEY JAMES August 58 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Colored Days Hours Male July 10, 1910 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Dry Cleaning Plant B ankhead, Alabama Presser 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anderson McGathev Mary Carr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Clin. Rec., Vet. Adm. Hospital, Ft. Howard, Maryland 215-10-5822 Yes 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH UNKNOWN PART I. DEATH WAS CAUSED BY: EMPYEMA RIGHT IMMEDIATE CAUSE (o) ESOPHAGEAL PLEURAL FISTULAE UNKNOWN DUE TO Conditions, if any, which DUE TO CARCINOMA OF ESOPHAGIS UNKNOWN gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO [20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg, etc.) Hour a. m. Not white of work of work ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATUR M.D VAH. FT. HOWARD, MARYLAND Do PHYSICIAN'S NAME (Type) CHIEN WET TAN. M.D. HOSPITAL, FORT HOWARD, MARYLAND DATE THEREOF 220. SURIAL CREMATION, 234 22d. LOCATION (City, town or county) Burial (Specify) Baltimore National Cemetery Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthung S. Frank Katie Williams Funeral Home. 322 North Schroeder DATE AUG 2 7 '58 R Williams 322 Nichroeder 21 Baltimore, Ind.



VS A15 (4) 15M 10/57 M

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
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CERTIFICATE OF DEATH

	8840		CERTIFIC	AIE OF	DEATH		Reg. Dist. No.					
1. PLACE OF DEATH 0. COUNTY Baltimore MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore							
B. CITY OR TOWN (I		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Towson										
d. NAME OF HOSPIT OR INSTITUTION	d. STREET	Address Glenar	rm Ros	ad		ON	SIDENCE A FARM?					
3. NAME OF DECEASED (Type or print)	Fin Siste		y Clement Mc		ost	4. DATE OF DEATH	Month August		2 ² 4	Year 19 58		
Female	7.77 - 2.4	7. MARRII WIDOWEI	ED NEVER MARRIED D	8. DATE OF BII	27, 18	382	9. AGE (In years last birthday)		YEAR IF UNI			
during most of work Teach	ing life, even it refired)		RELIGIOUS				ountry) run. Cana		U.S.A			
3. FATHER'S NAME Cha:	rles McM		MON.	14 MOTHER	rs MAIDEN NA resa Ga	_	ner					
S WAS DECEASED EVE Yes. no. or unknown}	IN U. S. ARMED FORCE If yes, give wor or dates of ser	Aice]		INFORMANT Sister N	. Peter	r Four	Addr rier		Cliff	, Md.		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Indication to be struction Conditions, if any, which gave rise to immediate cause (a), storing the under-lying cause lost. ONSET AN ONSET AN ONSET AN										7-54		
3 0	ileniose	len.	CONTRIBUTING TO DEATH BL	ual 120	1			EN IN PART	PERF	AUTOPSY ORMED?		
20c. TIME OF INJURY Hour o. m. p. m.	/ Month, Day, Year	While	UURY OCCURRED 20e. I	LACE OF INJURY octory, street, aff	(Hame, form, ice bldg., etc.)	20f. (City	or lawn)	{Co	ounty)	(State		
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	A. PETER	deceased, 195	d fram 13 Clinic Sign and that deal	_	1633 P	.M, fran DORESS (Si	reet, city or tawn,	nd an the	date sta	ed abaý ATE SIGNI		
BURIAL, CREMATION REMOVAL (Specify) BURIAL	8-26-		22. NAME OF CEMETERY	RIAC	EM.	NOT S	HOOL	FF N	7. TO U			
3. FUNERAL DIRECTOR'S		90	S. CONKA	ING ST	24a REC'D	2 6 5E	RAR 245 REGIS	TRAR'S SIGN				

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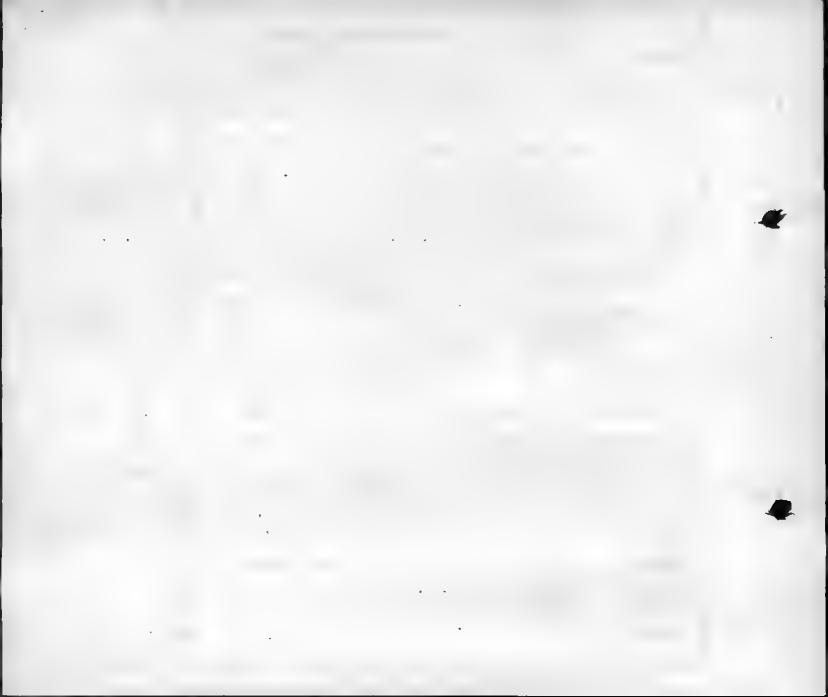
Ť,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08834 CERTIFICATE OF DEATH 8841 Rea. Dist. No. I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY **b.** COUNTY Prince George Baltimore MARYLAND Maryland funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) 20 RURAL and give nearest town) Should Catonsville 1mthl6dvs Hyattsville, Maryland d, NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE by 1. ON A FARM? SPRING GROVE 66h7 - 23rd Place STATE HOSPITAL YES | NO IT 4. DATE 3. NAME OF First Middle Least DECEASED OF DEATH Henry William McQuade. Sr. (Type or print) August 19 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 5. SFX 8 DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Davs Hours white July 20, 1901 male WIDOWED [7] DIVORCED [No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Gas & Elec. Co. Maryland meter reader U. S. A. 12 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John McQuade Maryaret Connors 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 2HRecords SPRING GROVE STATE no 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o). Terminal gangrene of lower extremities DUE TO Buerger's Disease Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO IX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not while of work of work _____, 19_58 ,that I last saw the deceased 21. I certify that I attended the deceased from June 22 19 58, to Aug. 5 58 , and that death accurred at 10:10a M, from the causes and an the date stated above. alive on Aug. moy be retained by the to FUNERAL DIRECTOR: J page 3 should be detach ADDRESS (Street, city or town, state) DATE SIGNED Machsler ACTUAL SIGNATURE GROVE STATE HOSPITAL Stella Wachsler, M. D. PHYSICIAN'S NAME (Type) Catonsville 28. Maryland 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Ft.Lincoln Cemeterv Washington, D.C. 9 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE AUG 7 '58

hours after death; Page

executed within 24



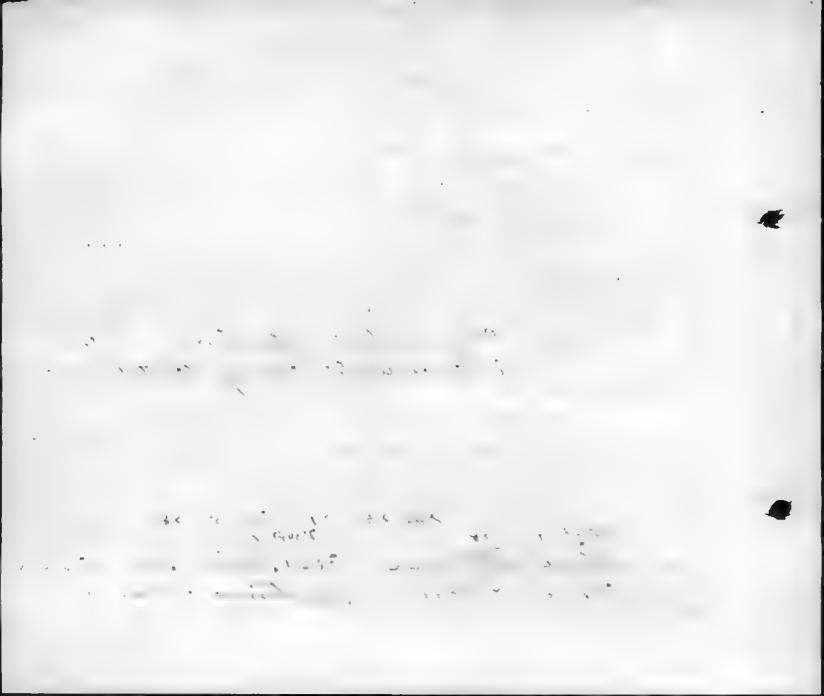
stely filled in by the funeral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 7 may be retained by the hazar or attending physician. TO FUNERAL DIRECTOR: After a certificate has been signed by the attending physician and color page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon page the registrar priar to burial, cremation, at remaval, and in any event within 72 hours after death.

V5 A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		8842		CERTIFI	CATI	E OF D	EATH	1		R	teg. Dist.		1000.	
)	1. PLACE OF DEATH o. COUNTY Baltimore			MARYLAN	- 11	USUAL RESID	ence (wh	ere deceased l	Balti			before a	imission)	
	b CITY OR TOWN (If an RURAL and give neare	olside carporale limit st town)	, write	c. LENGTH OF STAY IN	Ть			ulside carpara	te limits, w	rite RUR	AL and giv	re Regresi	town)	
		rlea		life		Rural Overlea								
9	d NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, gi	ve street	oddress)		d STREET ADDRESS e 15 RES								
	110 Walnut	Avenue			Ĺ	110 Walnut Avenue							S NO	
	3 NAME OF DECEASED (Type or print)	Adam		Middle H.		McQuar		4. DATE OF DEATH		Month	nst.	Doy	Year 19 58	
	5. SEX 16		7. MARR	IED NEVER MARRIED [B D/	ATE OF BIRTH		9	AGE (In y	recors IF		YEAR IF L	NDER 24 HRS	
	male	white	WIDOWI	DIVORCED	5 6	3-12-18	377		last birtha	yrs A	Aonths D	ays Ho	iurs Min.	
	10a. USUAL OCCUPATION during most of working	Give kind of wark d	one 10b.	KIND OF BUSINESS OR IT	NDUSTRY	11. BIRTHPL	ACE (State	or foreign cou			12 CITIZ	EN OF W	HAT COUNTRY	
1	Carpenter	me, even ir remedj		Carpenter		Max	ryland	d			U.	S.A.		
	13. FATHER'S NAME	 			14	MOTHER'S	MAIDEN N	IAME						
1	James H. M	cQuay				El:	izabet	th Brow	m					
	15. WAS DECEASED EVER IN	U. S. ARMED FORCES, give wor or dates of se		SOCIAL SECURITY NO	7 INFOR	MANT				Address				
	no	es, give wor or ourse or re-	700	217-03-6669	Mrs.	Minnia	a McQ	ay 11	O Wal	nut	Aven	ue	#6	
	18 CAUSE OF DEATH	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH												
	PART I DEATH	WAS CAUSED BY:	2	Myrca	L	al.	ing	wel	in	•		ONSET A	IND DEATH	
	420.1	DUE TO	*	f	1	4				1		, ,		
		Conditions, if any, which gave rise to immediate (b) Characterstanding Coronary Least discover												
	gave rise to immediate cause (a), stating the under-													
	lying cause lost. (c)													
5	PART II OTHER 200 ACCIDENT WAS L CONTRIBUTING UR EITHER, NOTIFY ME	SIGNIFICANT CONE	ITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	NAL DISEASE (CONDITION	N GIVEN	IN PART I	PE	AS ALTOPSY ERFORMED?	
		INDERLYING [] : CAUSE OF DEATH DICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCCU	IRRED (Er	iter nature al	injury in P	ort I ar Port II	of item 18))	· · · · ·			
	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yea			PLACE (OF INJURY (H	tame, farm,	20f. (City a	r tawn)		[Co	unty)	(Slate)	
	p. m.	19	While of war	Nat while	ruciury,	Miger, dinice	biog, etc.							
	21. I certify that	I attended the	decease	ed from	2-3	. 19 >	/ to ·	ans	> 19	3.5	hat I la	st sow t	he deceases	
	alive on Os	gut 9	. 19	5-8, and that de	ath occ	urred at	2:30 A	Miram					tated abave	
		2/1	7	21)		A 0		ADORESS (Sire		own, sta	te)	5010 3	DATE SIGNED	
	SIGNATURE	rarle		1/ren	MO.	68	01	Bek	an	- 0-	201	a	40 5.5	
1	PHYSICIAN'S CA	farles	14	-Kerr		Ba	er	ins	e 6,	21	nd.	/		
	220. BURIAL, CREMATION,	22b. DATE THEREO!		22c NAME OF CEMETER	Y OR CR	MATORY		22d. LOCATIO	N (City, to	wn, or c	aunty)		(Slote)	
	REMOVAL (Specify) Burial	8-8-1958		Parkwood	Cemet	tery		Balti	imore		Mary	land		
	23. FUNERAL DIRECTOR'S S	GNATURE		ADDRESS		1	240. REC'D	BY REGISTRA	IR 246	REGISTR	AR'S SIGN	ATURE		
	Lassahn tu	seral Hom	e 7	401 Below	R	d	DATAUG	7 '58	lee	ef e	Aug.			



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266 REGISTRAR'S SIGNATURE

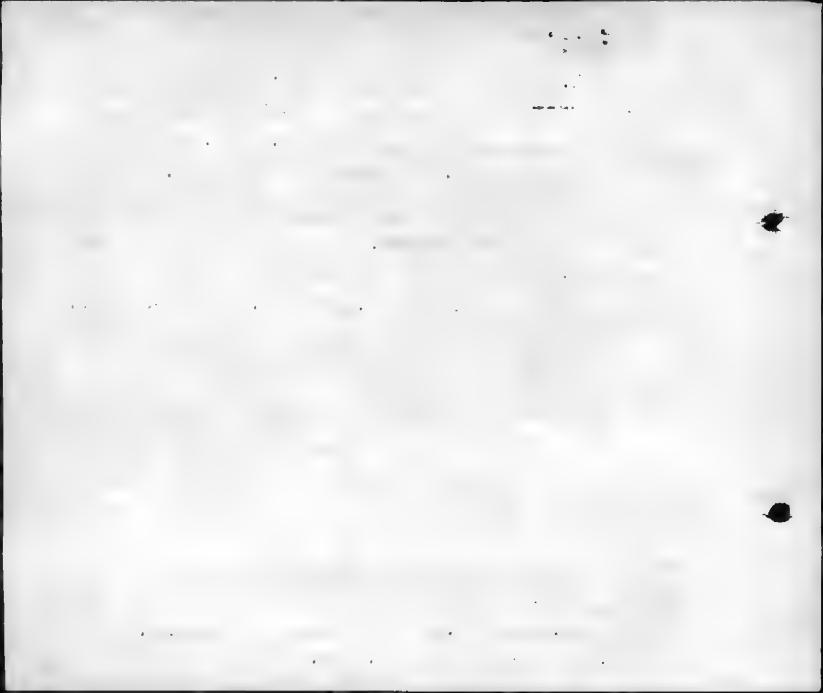
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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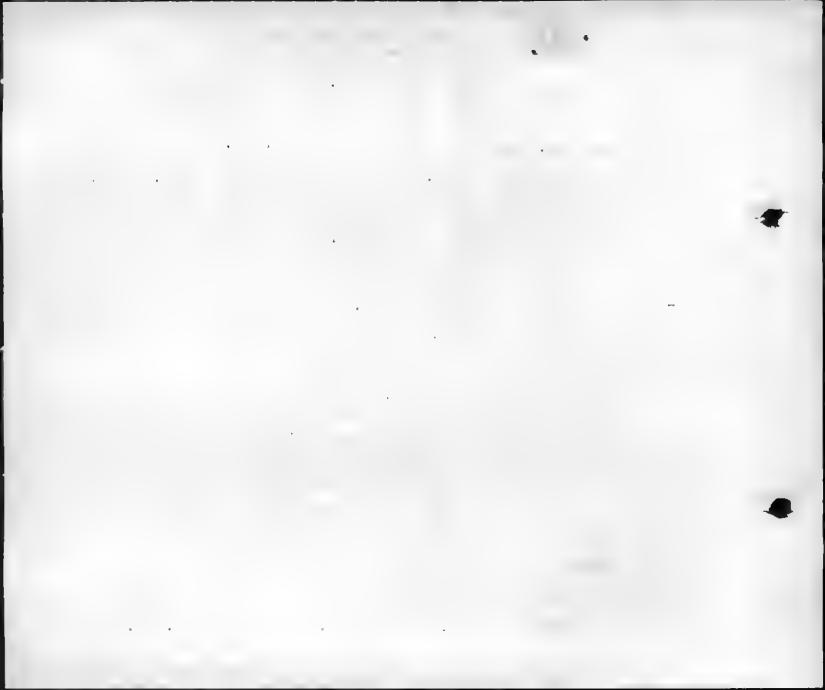
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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									Keg. Dist	1101			
1. PLACE a. CO		imore		MARYLAND	II O STATE	IDENCE (Wh	ere deceosed li	ved. If institution b. COUNTY	on: Residence	before admi	ssion)		
ь cit Rui		utside carporate limi	ls, write	c. LENGTH OF STAY IN 18		TOWN (If a	utside carporat	e limits, write R			vn)		
_ R	andallsto	SUIT .			Baltimore 3V01.4								
d. NA	ME OF HOSPITAL	(If not in haspital, g	ive street o	oddress)	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?								
	annel Hil	1 Conv. F	OMO		2617	Penna	. Ave.				NO 🗍		
3 NAMI DECE	E OF	Fir		Middle	Lo		4. DATE	Man	lh	Day	Year		
	or print)	EDWA	RD	J	METSTER		OF DEATH	Aug		21.	12 58		
5. SEX	6	. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRT	тн	9	AGE (In years		YEAR IF UND			
má	ale	white	WIDOWE		July 10	0. 187	2	lost birthday)	Months D	ays Hours	Min.		
10s. USU durid	IAL OCCUPATION ng mast of warking UNKNOW!] life, even if retired]	done 10b I	KIND OF BUSINESS OR INI	Md.	LACE (State	or foreign cour	itry)	12. CITIZ	EN OF WHA	T COUNTRY?		
13. FATH	ER'S NAME				14. MOTHER	S MAIDEN N	AME						
CI	harles J.	Meister			Eliza	abeth	Reuther	•					
		N U. S. ARMED FOR			INFORMANT			Addi					
				e far (a), (b), and (v.)	Mrs. Regi	ina Me	ister -	<u>- 4600 I</u>	awn Pa	rk			
Coulyin VOID	nditions, if any, ve rise to imm se (a), storting the ng cause last. PART II OTHER	significant coni	SEU DIFFONS CO CAL	ERE HYPONTRIBUTION TO DEATH B	ERE A.	OTHETERMIN RETERMINATION OF INJURY OF PROPERTY OF THE PROPERTY	e/esc	ONDITION GIVE	ASE EN IN PART TOS	PERF	AUTOPSY ORMED?		
l -:	TIME OF INJURY Have a.m. p. m.	Month, Day, Yec	While	UURY OCCURRED 20e. Not while at wark	PLACE OF INJURY factory, street, affic	(Hame, farm, ce bldg., etc.	20f (City ar	tawn)	(Co	unty)	(State)		
aliv ACTI SIGN	e on AU	1 3 1	decease	of from SULSY S. A. and that dea WHEELER	th accurred at	5.1	M, fram i	the causes and the city or town.	nd an the				
220. BUR	AL, CREMATION,	22b. DATE THEREO	F R	22c NAME OF CEMETERY	OR CREMATORY		22d. LOCATIO	N (City, town, o		(Sto	ote)		
	RAL DIRECTOR'S S	CATURE /	er b	AUDRESS AUDRESS	APAIT		BY REGISTER	R 246 REGIS	STRAR'S SIGN				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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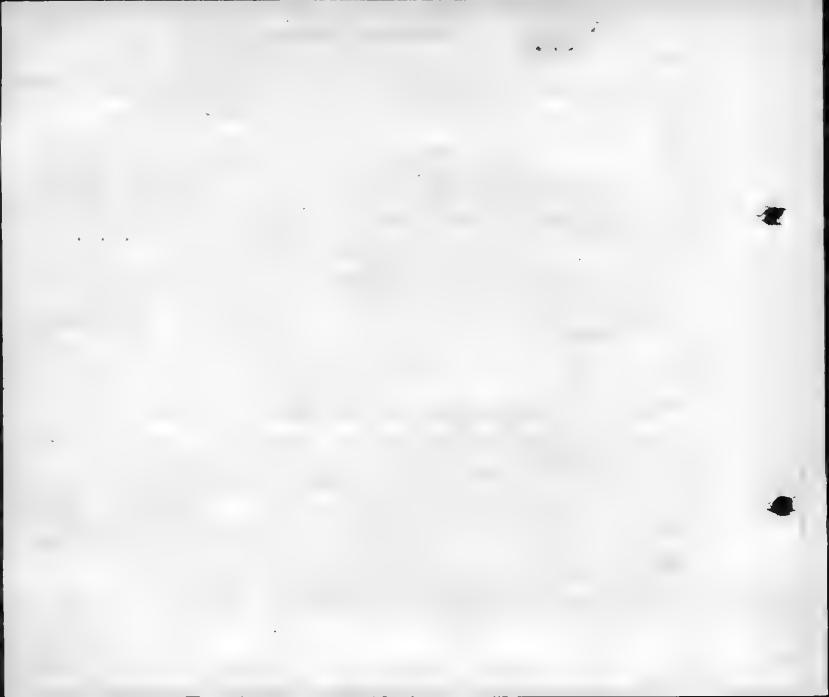
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15M 9/55

HOSPITAL

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ADDRESS

24b. REGISTRAR'S SIGNATURE

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DATE

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

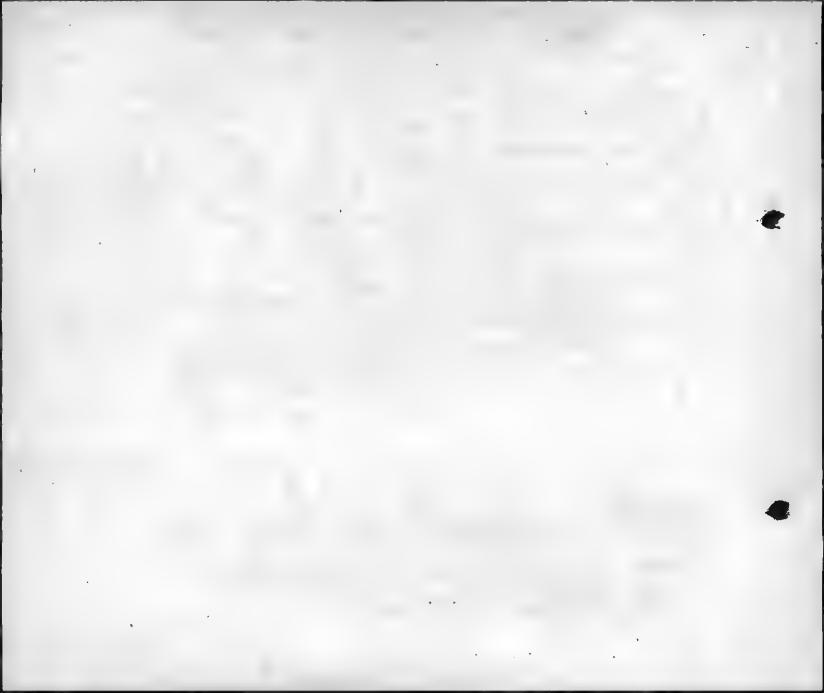


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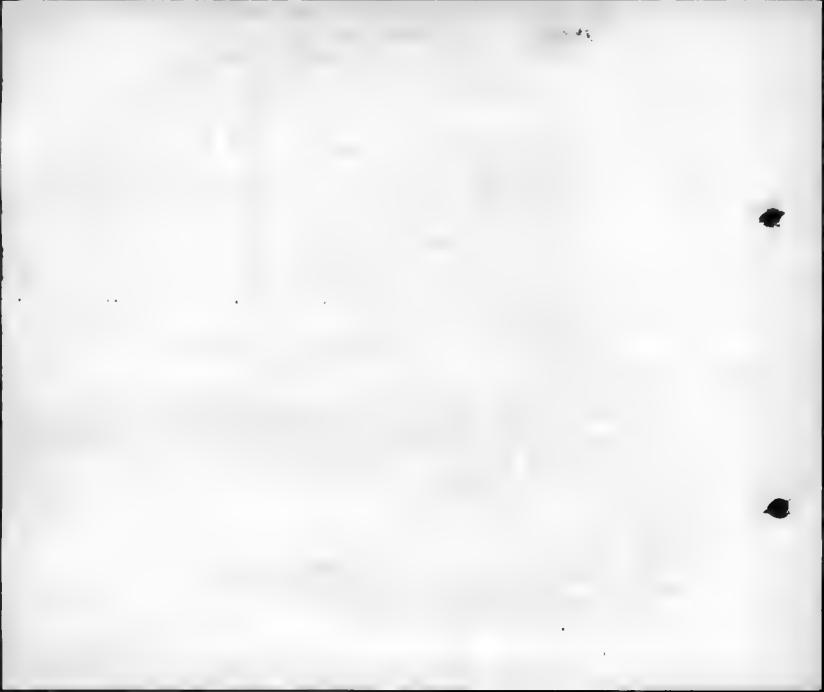
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8849

CERTIFICATE OF DEATH

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	0020				Res	g. Dist. No.	
o. COUNT	PEATH Baltimore	MARYLAND	II D STATE	DENCE (Where deceased Maryland		esidence befor	
L CITY OF	TOWN (If outside corporate limits, wri						
RURAL &	nd give nearest town)	c. LENGTH OF STAY IN 16	55	Towson	ite limits, write KUKAL	and give hea	rest town
OR INST	OF HOSPITAL (If not in hospital, give str TUTION Park Avenue	eet oddress)	d. STREET /	odress Park Avenue			e. IS RESIDENCE ON A FARM? YES NO TO
NAME OF DECEASED (Type or po	First	MAFIE MOORE	Los		August	31, 19	y Yeor
S. SEX	6. COLOR OR RACE 7 N	AARRIED 🔂 NEVER MARRIED 🔲	B. DATE OF BIRT	-4 9	P. AGE (In years IF U	_	IF UNDER 24 HR
Pemale		OWED DIVORCED	1	1, 1895	OK. yrs.	nths Days	Hours Min
Oo. USUAL C	CCUPATION (Give kind of work done of working life, even if retired)	106 KIND OF BUSINESS OR IND	OUSTRY 11 BIRTHP	ACE (State or foreign cou	untry) 1		F WHAT COUNT
Housey	A dis	Own Home	Mary	land			USA
3. FATHER'S	NAME			MAIDEN NAME			
Elmer	r Herring		Evel	yn Hamilton	ı		
IS. WAS DECI EYes, no or unkno NO	EASED EVER IN U. S. ARMED FORCES? Own) If yes, give wor or date of service) NOTIO		informant lobert S.	Moore, Sr.,	525 Park	Avo.,T	owson, M
18. CAU	SE OF DEATH [Enter only one couse po	er line for (a), (b), and (c)]					RVAL BETWEEN
	ART I DEATH WAS CAUSED BY	yes &	of C	1 11 -91		ONS	ET AND DEATH
170	// IMMEDIATE CAUSE (o)	Chruroma	7	24-470		6	7-6
Conditi	one if one which t						
gove r	ise to immediate						
), stating the under-						
NO P	ART II OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN	N PART 1(0)	9. WAS AUTOPS' PERFORMED? YES NO
NO PARTIES OF CONT	DENT WAS UNDERLYING [] 20b. RIBUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCUR	RED (Enter nature o	f injury in Part I or Port	II of clem 18)	1	
	r o.m. W	d, INJURY OCCURRED hile Not while work of work	PLACE OF INJURY (foctory, street, office	Home, form, 20f. (City of bldg., etc.)	or town)	(County)	(State
21. 1 ce	ertify that I attended the dec	eased from May	. 1952	10 Rug 3	19.5% the	at Llast sc	w the decea
alive o	A			5:30 At M, from			
					eet, city or town, state		DATE SIGN
ACTUAL SIGNATU	RE regentaline.	is the	M.D. 2- 4 2	19 n. cha	les It Bo	etuine	18 W.
PHYSICIA NAME (T)	N'S			The state of the s			7-10-61-
220 BURIAL		22c NAME OF CEMETERY	OR CREMATORY	22d LOCATI	ON (City, town, or cou	univ)	(Stote)
Burla					yman, Mary		(01010)
3 FUNERAL I	DIRECTOR'S SIGNATURE	ADDRESS		240. REC'D BY REGISTR	AR 246. REGISTRAR	R'S SIGNATUR	!E
John	Burns' Sons, Towso	n. Maryland		DATE SEP 4 '5	18 Cirth	117 8. tho	us.
					1		



REMOVAL (Specify)

23_FUNERAL DIRECTOR'S SIGNATURE

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VS. A15ME

08843

e IS RESIDENCE ON A FARM.

YES NO

Year

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED?

DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE

246 REC'D BY REGISTRAR

DATE

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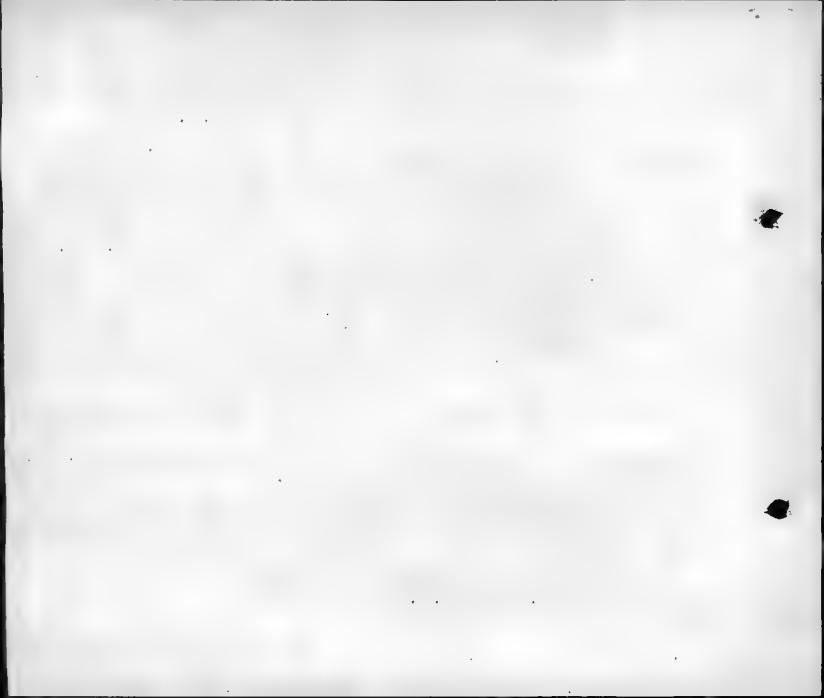
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19 58

Prince George's

Reg. Dist. No.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08844 CERTIFICATE OF DEATH 8851 Reg. Dist. No. With The PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY a STATE filed \ b. COUNTY ditt MARYLAND BALTIMORE MARYT.AND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ğ RURAL and give nearest town) should FORT HOWARD 910 DAYS BALTTMORE d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO K VETERANS_ADMINISTRATION HOSPITAL 2111 GARRISON RIVE 2. NAME OF First Middle last 4. DATE Month Year DECEASED OF DEATH (Type or print) THOMAS MHMTM 19 内8 Amoust 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED last birthdoy) Months Days Hours DIVORCED | WIDOWED | 7775 June 29, 1887 Male White 10a. USUAL OCCUPATION (Give kind of work done done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY? U.S.A Supervisor of Maintenance Balto, Housing Auth, Charlottesville, Va 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mildred Preddy Thomas Mundy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Clin.Rec., Vet. Adm. Hospital, Ft. Howard, Md 216-09-1851 Yes WW 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MITTTPLE MYELOMA vears DUE TO á Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. **buriol-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(12) 19 CERTIFICATION PERFORMED? YES NO | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f. (City or fown) (State) (County) factory, street, office bldg., etc.) Hour e. m. WEDI While Nat while at work at work 21. I certify that Kattended the deceased from January 21 ... 19.58, to August 18 ... 19.58, thoubtoxic works deceased ative processors and on the date stated above. may be retained 70 FUNERAL DIRECTOR: A DOGE 3 should be detach ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR VAH Ft. Howard Md PHYSICIAN'S NAME (Type) VAH Ft Howard Md 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore, Maryland Burial Oak Lawn Cemetery 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE CitiVA & Though VS A15 (4) Tickner Fineral Home Northaves Pomsylvania

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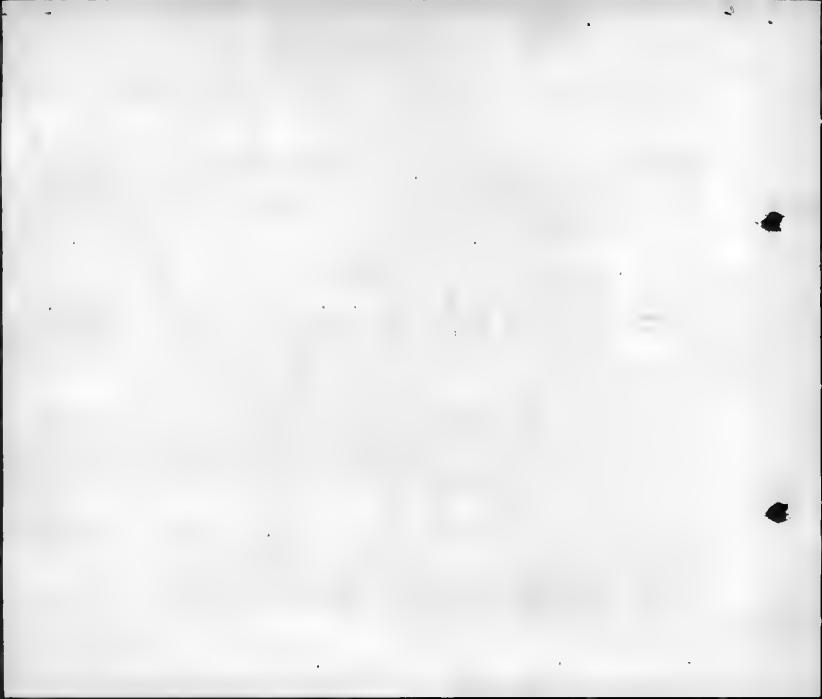
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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kithi Pog			5. 5		6. COLOR		7. MARR		R MARRIED DIVORCED		ATE OF BIRTH			last b	(In years outhday)	Months Months		Hours	R 24 HR5 Min
				Male USUAL OCCUPATION during most of wor	Whi- ON (Give kind			. —	_		tober	ACE (Stote	927 or foreign	Country)	yrs.	12. CI1	IZEN OF	WHAT	COUNTRY?
and the bon been been been been been been been				Soldier	king life, ever	if retired	U.	arrant S. Aiz	orice r Force	r	Fairf	eld.	Pen	nsylv	rania	U	. s.	A.	
3 5 E	_			FATHER'S NAME							MOTHER'S	MAIDEN N	IAME						
certificate to physician remove car	¥			Samuel W. WAS DECEASEDEVE			CES2 [16	SOCIAL SECTI	IPITY NO. 12	7. INFOR	WANT	I. Sa	ınder	S	Add	7011			
cert.		4	{Yes	Yes	(If yes, give wor	or dates of se	ervice)	176-32		,	Rec.	Vet.	Achm H	osnit		Ft. H	OTTOM	4 N	14
death certificate thending physicia please, remove co				18. CAUSE OF DE	ATH [Enter o	nly one co	use per lir			<u> </u>			TOUIS AL	<u> </u>			INTER	VAL BET	TWEEN
the d				PART I. DE/	TH WAS CAI			GKIN'S	DISEA	SE W.	ITH GE	NERAL	IZED	META	STASI	S	25	YEA	ES "
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PHYSIC or all is cert use as			MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month,	Day, Yea	While	Not whi	le_	foctory,	OF INJURY (H street, office	lome, farm, bldg., atc.	20f (Ci	ly or lawn)	(1	County)		(State)
ON S is				21. I certify th	nat X atten	ded the													
TEND the h tacks buri				9 <u>0%</u> 90%90%XXX	Appoóo	CXXXX	XXXXX	XXXX or	nd that dec	ath acc	urred at_		LAM, fra ADDRESS (he date		d above.
ined by DIRECTO		,		ACTUAL SIGNATURE	llen	9	7 1	tai		M.D.	.VAH,								25/58
TAL O retaine AL Dil hould rar pr				PHYSICIAN'S NAME (Type) C	HTEN_WE	ET TA	и. м.	D			.VAH	FORT	LINGIAE	וער מדי	ADVI	A KTZO			
HOSPITAL Lay be rela FUNERAL oge 3 shou			220	BURIAL, CREMATIC REMOVAL (Specify	N, 276 DA	E THEREO	F		OF CEMETERY	Y OR CRE		17 =	22d LOC/					(Slote)
may boge the re			_	Removal	0/	- 0 -			ield II	nion		ery	Fair	field		nsyl:			
VS A1S (4) 1SM 9755		1	11	Cook-Bli	9-131 m	JX V		rford		lto.		240, REC'I DATE AU	G 2 7	STRAR 2		ithur 3.			
Picked 1	up l	руг	A	LISON FU	VERAL F	IOME.	FATR	FTELD.	PA.										



E. J.		MARYLAND STATE DEP	ARTMENT OF HEALTH—BALTIMORE, 18	0884
100	k.	8748 CERT	TIFICATE OF DEATH	ng. Dist. No.
	1.	COUNTY BALTIMORE MAI	RYLAND 2 USUAL RESIDENCE [Where deceased lived. If institution: I b. COUNTY	Residence before admission)
		o. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) DUNDAIK Md. 40)	RS DumpalK, Md	L and give rearest town)
11		d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 6834 Dunbar Road	d. STREET ADDRESS 6834 DWMBAR RD	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First Midd	Lost 4. DATE Month OF DEATH AUSUS	Day Year 195
	5. :	MALE White WIDOWED DY DIVORG	CED [FEBRUAIRY 11, 1880 78 yes. Me	UNDER 1 YEAR IF UNDER 24 HI onths Days Hours Min
	100	USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS during most of working life, even if retired) STEEL WORKER STEEL INC	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) GERMANY	12 CITIZEN OF WHAT COUN
	13.	FATHER'S NAME PANDRE INAPER	AND KOENIG	EU.
-/[WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N. no. or unknown) (If yes, give wor or dates of service) 213-09-04		SAME
		1B. CAUSE OF DEATH [Enter only one couse por line for (o), (b), and (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	y Ocelurian	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate (b)	Love Headfarline	2 Mm
	7	couse (o), stating the <u>under-</u> DUE TO tying couse lost.	/	
0	FICATION		<u>EATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOP PERFORMED? YES NO
	L CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work	20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (Sto
		21. I certify that I attended the deceased from July and the	the death occurred at 200 M, from the causes and	at I last saw the deced
		ACTUAL SIGNATURE SIGNATURE	M.D. Allen Just	
/		PHYSICIAN'S TALL C COLLINS	BACT22	
	220	REMOVAL (Specify)	METERY OR CREMATORY and Memorial Park Baltimore	unty) (Stote) Marvland
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRA	



.MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8854

CEPTIFICATE OF DEATH

08848

	00	0.7	CERTI	IICAI	L OI DLA	111		Reg. Di	st. No.		
1. PLACE OF DEATH				2.	USUAL RESIDENCE	(Where docease		on: Resider	ice befor	re admiss	ion)
Bal	timore		MARY	LAND	Marylan	d	6. COUNTY	Ralt	timo	re	
b. CITY OR TOWN I	If outside corporate lim	is, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If autside corpo	prote limits, write R)
	Maryland			- 1>	Bengies	Marul a	nd				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital,)	give street	oddress)		d STREET ADDRESS		0.2.10			e. IS RES	IDENCE
OK WESTIGNON					469 Box,	Rt. 1	4. Balto.	20			FARM?
3. NAME OF DECEASED	Fir	rsi	Middle		Lost	4. DATE	Mon		Day	y	Yeor
(Type or print)	Walter H					DEATH	Au	igust	9	, 1	1958
5. SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIE	D 🔀 8 D	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			
Male	White	WIDOW			2/16/1880		77 yrs.	Months	Doys	Hours	Min
10a. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (SI	ote or foreign o	country)	12. CII	IZEN O	F WHAT	COUNTRY
Laborer			Retired		Maryla	nd		Ţ	J. S	. A.	
13. FATHER'S NAME	21-1			1	MOTHER'S MAIDE	N NAME					
John B.	Melszer				Jenevive	Stalm	an				
15. WAS DECEASEDEVE	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INFO	RMANT		Addi	ress			
Zes	W. W. I.			Art	hur Neis	sor	Sa	me-			
18 CAUSE OF DE	ATH [Enter only one co	use per li	ne loss(a), (b), and (c).	00	- 1/- 1	2				RVAL BE	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	+	Duple	ule	Hear	Visla	218		ONS	ET AND	DEATH
1 1 1 1	DUE TO)	801,								
Conditions, if a)	Cardia	c 1)	Ecomple	soler	~				
gove rise to i		,	00.	0	10-2	0					
lying couse lost.	(c)	Hulias	wed	arterio	reline	·				
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	'EN IN PAR	T 1(a) 1	PERFO	AUTOPSY RMED?
3		in	P								NO [
PART II. OT 200 ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	COURRED. (E	nter nature of injury	in Part I or Par	t II of item 18)				
	MEDICAL EXAMINER)		·								
20c. TIME OF INJUI	RY Month, Doy, Ye	1 1 1		20e. PLACE	OF INJURY (Home, F., street, office bldg.,	orm, 20f. (City	y or lawn}	(County)		(\$lote)
p. m	19	While of wor				1 0					
21. I certify/N	not lattended the	deceas	ed from Joll	14	1955,10	4-465	1958	that I	last sa	w the	deceased
alive on	(elt 10)	195	and that	death ac	curred ot 17	17-M. from	m the causes a				
0	~ ()		00.0		C .		lreet, city or town,				ATE SIGNED
ACTUAL SIGNATURE	(Seve	vel 0	1 (Her	M,D.	401	Fuls	Clark	" U	_	,	
DANGER AND A		0			,	1200	07-	2/	1/2	11	
PHYSICIAN'S / K	VINGR. 1	366	KIND			1/100	runer			1	
220. BURIAL, CREMATIC	ON, 226. DATE THEREO	F	22c NAME OF CEME	TERY OR CE	EMATORY	22d LOCA	TION (City, town, o	or county)		(Slote	b)
REMOVAL (Specify BUT181	Aug - 1	L,195	8 Orem's N	Aeth.	Cemetery	Bal	timore, c	ounty	f	har	vland
23. FUNERAL DIRECTOR			ADDRESS		240 8	EC'D BY REGIS	TRAR 245 REGIS	STRAP'S SI	SNATUR		/
J.J. Bru	12dzineki	1407	Eastern Ave	3 0	date	1612	1900/11	hur	1	An	rued

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 letely filled in by the funeral director, fers. Pages 1 and 2 shauld be figativity may be retained by the harmital ar attending physician.

TO FUNERAL DIRECTOR: Alt his certificate has been signed by the attending physician and opoge 3 shauld be detached for use as the burial-transit permit. Then please remove carbon puthe registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55



VS A1\$ (4) 15M 10/57

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1	1	7		7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8855

CERTIFICATE OF DEATH

08849 Reg. Dist. No.

1	1, PLACE OF DEATH					2 USUAL	RESIDENCE (WI	here decease	d lived. If instit	ution	Residenc	e befo	re admiss	ion)	
	Bal	timore			MARYLAND	° SM	ryland		b. COUN	ΓY					
1	B. CITY OR TOWN (I RURAL and give no	Foutside corporate limit	s, write	c. LENGTH	OF STAY IN 16	c. CITY	OR TOWN (IF	outside corpo	orale limits, write	RUR	AL ond g	ive ned	rest town) \	
		t Howard		11 ⁵	Hours	Baltimore 2									
	d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, gi	ve street d	oddress)		d. STRE	ET ADDRESS					1	e. IS RES		
)		erans Admir	istr	ation	Hospita	1 31	18 Baro	clay S	treet					FARM?	
	3. NAME OF DECEASED	Fers			Middle		Lost 4. DATE Month							Yeor	
	(Type or print)	CONWA	X.			NORM	AN	DEATH	Augu	st		5	1	1958	
	S. SEX	6. COLOR OR RACE	7. MARRI	IED NEVE	R MARRIED 🔲	8 DATE OF	HTRI		9 AGE (In year	rs IF			IF UNDE		
	Male		WIDOWE	_	DIVORCED		ber 11,		lost birthday	ts.	Aonths	Days	Hours	Min	
	10e. USUAL OCCUPATIO	ON (Give kind of work d	оле 10b. I	KIND OF BU	SINESS OR IND	USTRY 11 BIR	HPLACE (Slote	or foreign c	ountry)		12. CITI	ZEN O	F WHAT	COUNTRY	
	Laborer	mg me, even it temes)	1	Sheet	Metal	Wo	odford,	, Virg	inia		U.	S.	A.		
	13. FATHER'S NAME					14. MOTH	ER'S MAIDEN N	NAME			1				
	Charlie N	orman				Mild	red Col	Leman							
/	15. WAS DECEASED EVEL			SOCIAL SECU	RITY NO 17.	INFORMANT			A	ddresi	L				
	Yes	WW I	2/	19-01-	74340	lin.Rec	Vet.A	Adm. Ho	spital,	Ft.	Howa	ard,	Mary	land	
	18 CAUSE OF DEA	TH [Enter only one cou	se per lin	e for (o), (b).	ond (c)]							INTE	RVAL BE	TWEEN	
	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ART	ERIOSC	LEROTIC	HEART	DISEASE	3				2 3	YEA	RS RS	
	420.0	DUE TO										-			
	Conditions, if or	ny, which) (b).													
	gove rise to in	nmediote (1			
	Couse (o), stating (lying couse lost,	(c)													
	Z PART II. OTH	IER SIGNIFICANT CONE		ONTRIBUTIN	G TO DEATH BU	T NOT RELATE	TO THE TERMI	INAL DISEAS	E CONDITION C	JVEN	I IN PART	1(0) 19	P. WAS /	AUTOPSY	
	Z PAIT II. OTH												PERFIN	RMED?	
	200 ACCIDENT WA	S UNDERLYING	20ы. DESC	RIBE HOW II	NJURY OCCURR	ED (Enter notu	re of injury in I	Port I or Par	t II of item 18.)				120	110 23	
	(IF EITHER, NOTIFY	CAUSE OF DEATH													
	3 20c. TIME OF INJURY	Y Month, Doy, Yea	r 20d IN	JURY OCCU	RRED 20e. F	LACE OF INJU	RY (Hame, form	, 20f. (City	or town)		ıc	ounty)		(Stote)	
	20c. TIME OF INJURY	19	White	Not whi	ile f	oclory, street, c	Hice bldg., etc.	1			10	,,		(0.0.0)	
		VA.				0 /1	0 . 0 .	1.5 474	0/1/2	0 3	CVVVV	rvvv	VVVV	VVVVV	
		at Dattended the													
	GUNE YOUX XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	XXXX or	nd that deat	h occurred						e dat			
	ACTUAL	A roma "		a Cla	1-1-			WDDKE33 (2.	treel, city or tow	n, sto	fe)			TE SIGNED	
,	SIGNATURE	77	1 ^			_MDVA_	HUSPITI	Lett.	HOWARD,	AAF	RYLLAN	D	8/5	/58	
	PHYSICIAN'S	TENE TENE											7 7		
		VING FREEWA										ary	тапа		
	220. BURIAL, CREMATION REMOVAL (Specify)				OF CEMETERY				TION (City, town		, ,		(Slote)	
	Burial 23 FUNERAL DIRECTOR'S	8-8-58					Cemeter	ry Ba	ltimore	N	laryl	and			
				2222 W	North	Ave.			RAR 245 REC				E		
1	Joseph L.	Kuss		Baltim	iore. Ma	ryland	DAMES	'58	Klink.	- El	Sitt 1	4			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 118851 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. ay is necessary, please ex director. Page 4 should 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1 PLACE OF DEATH a. COUNTY **b.** COUNTY a. STATE Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Turner Station Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? 109 Avondale Road 109 Avondale Road YES NO TO delay NAME OF DATE Middle Manth Day Year (Willie (Type or print) DEATH 19,5 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED TO B. DATE OF BIRTH 9 AGE (In years IFUNDER TYEAR IF UNDER 24 HRS 5. SEX asi birthdavi Months Days Hours 66 Male Colored WIDOWED [7] DIVORCED | March 18, 1892 YES. 100. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign control to the large if retired to the large in the during most of working life, even if retired} E 6 Pup Balto. Co. School Olive White Co., Virginia U.S.A. on bu o may b 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8. Give Pages 1, 7 William Parson Agnes White 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No veltower 953-10-2558 Garnett Parson - 113 Oak Street INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pe IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which pencil along burial gove rise to immediate cause DUE TO (a), stating the underlying couse last 0 Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY SO PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of Item 18.) ward " Il Exami should I CAUSE OF DEATH. 20- TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f, (City or town) (County) factory, street, affice da, etc.) Hour a.m. While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and find that cute the certificate, writ forwarded to the Chief > FUNERAL DIRECTOR: death resulted from: Natural causes X. Accident . Suicide . Undetermined cause Homicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION: (City, town, or county) REMOVAL (Specify) Baltimore. Maryland 0 Mt. Calvary ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE

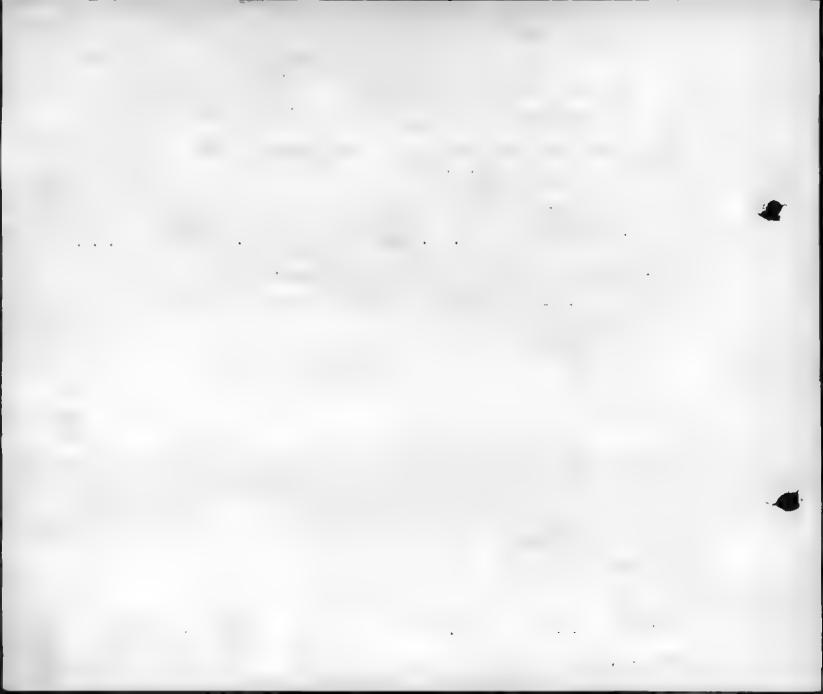
Charles R. Law 802 Madison Avenue

Min.

(Store)

& Through

VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8857 CERTIFICATE OF DEATH Rea. Dist. No director 7 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) o. COUNTY Med b. COUNTY MARYLAND funerol CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c GHT OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL-and give neorest lown) should d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TH in to NAME OF 4. DATE , First Month Day Year lost DECEASED OF DEATH (Type or print) 9. AGE (In years lost birthody) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) ,5,a mester pup 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion IS. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO. attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 416X څ Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED? YES NO 17 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, | 20f. (City or lown) 20c TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour a m. While Nat while at work ot work 21. I certify that I attended the deceased from 42 -15 , 1958, ta 5-76-____ 1950 that I last saw the deceased ., and that death occurred at 1220 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED DIREC ACTUAL SIGNATURE FUNERAL DIR PHYSICIAN'S NAME (Type) BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City (Stote) pode REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE arthur & trave VS A15 (4)

hours ofter death.

executed

requires that the



haurs after death.





OR HOSPITAL: The law requires that the death med by the hospital or attending physician.

The bottom copy may be relig

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08855

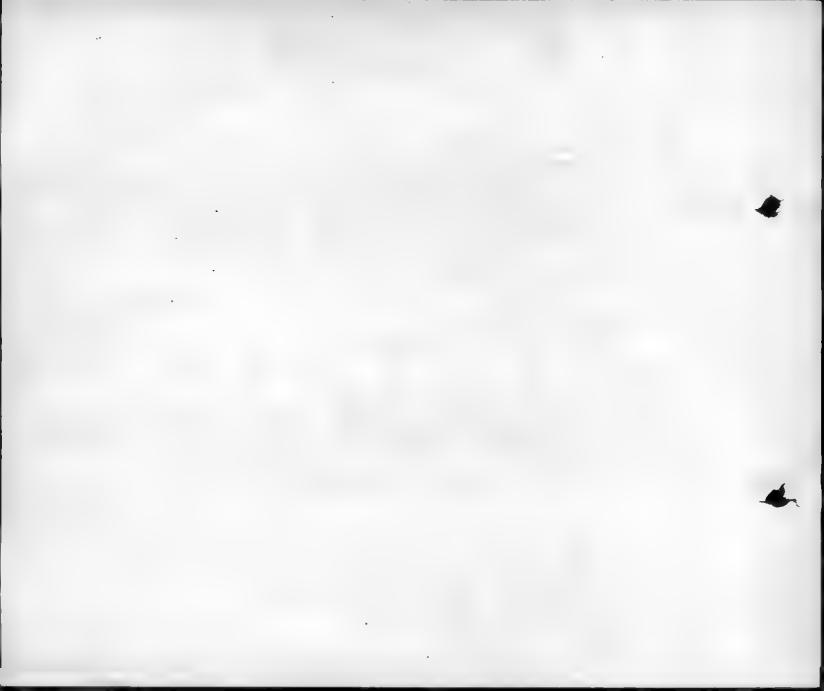
CERTIFICATE OF DEATH

8752

ا حق		
후	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
8 ±	COUNTY BALTIMORE MARYLAND	STATE MARLAY COUNTY BALTIMORE
יי בי	CITY (If outside corporate (imits, write RURAL LENGTH OF STAY OR end give neerest town) (in this piece)	CITY (If outside corporate limits, write RURAL and give negres) town)
ğ č	OR end give neerest town) TOWN TALE Thurs 6 VRS	FITOWN HALEThoRDE
7 to	HOSPITAL OR	STREET (If rure) give location)
E TO (17)	INSTITUTION OR STREET ADDRESS 4-1 18 PARILLE AUE	ADDRESS
within funeral	3. NAME OF (First) (Middle)	(Lest) J. DATE (Month) (Dev) (Year)
	DECEASED	OF A
registrar by the	(Type or Print) GEORGE STANLEY	POTTS DEATH 449, 31, 1958
ige ×	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	
9 -	MALE WhITE (Specify) MARRIED /TEb.	23 1905 5-3 yrs. Months Days Hours Min.
÷-=	10e, USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS 1	11. BIRYHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Hilled Hill	done during most of working life, even if OR INDUSTRY	COUNTRY
	HEADY Equip OpERATOR Civil SERVICE	1 ENNSULVANIA G. S.A.
be filed pletely ansit pe		
plet	GEORGE H. POTIS	Effic REAMS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no, or unk.] [If Yes, give wer or detect of service)	17. INFORMANT & ADDRESS
fica d c rial	NO NOWE 220-30-246	5 EVELYN POTTS. 5618 CARVILLE AVE
certificate and com burial tr	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
450	Protect on continuous practical and the state of the stat	Oaal
death ysician se as	IMMEDIATE CAUSE (A)	- Oblision 10 in.
	ANTECEDENT CAUSE(S) DUE TO	11 11 11 11 11 11 11 11 11 11 11 11 11
다 Bo	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	- washed to the
ending thed to	STATING UNDERLYING CAUSE LAST, DUE TO	DECORAGE - 5112
requires that the the attending ph s detached for u	TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
atuir ad Jeta	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1 Calleton C Short or
art e	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2 d 2 d 4		YES NO
The la	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Ferm, Sectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Cic. WHERE DID INJURY OCCUR? (City or town) (County) (Slate)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
DIRECTOR: s been execute assembly	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
E 05	M. et work et work	
PO SECTION SEC	22. I hereby certify that I attended the deceased from July	29, 1921, to disgrad, 1957, that I last saw the deceased
1 8 v 0	elive on Matigation, 19.50 Z, and that death occurred at	10:10 TM. from the causes and on the date stated shove
THIS PAR	SIGNATURE	ADDRESS (Street, city, town, stele) DATE SIGNED
FUNERAL ertificate h eath certifi	Contain Ruciel 23 by M.D.	1264 4. raulis inc 467, 2 1967
子 語もな	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stele)
Certific death MISC 3:	BURIAL 9-3-58 MEADOWA	idge HOWARD County Md
2 3	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	
- `>	DATE SEP 3 '58 Circhan & Pirous	25. FUNERAL DIRECTOR'S SIGNATURE C = 0 L , Schwag Funeral Hong
	DATE	Barbaras M. Schwab 2101 PREJERICKAVE



ù8856 **CERTIFICATE OF DEATH** 8860 Reg. Dist. No. eralydirector, be filed with Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **6 COUNTY** MARYLAND c. OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CIDI*OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 (PAL and give nearest lawn) should d NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE OR ASSITUTION ON A FARM? House YES INO TO NAME OF Middle 4. DATE Year DECEASED OF DEATH (Type or print) 6 COLOR-OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years lost birthdow) IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours WIDOWED ID DIVORCED [y rs 100. USUAL OCCUPATION (Give kind of work done of the done of the state 12. CITIZEN OF WHAT COUNTRYS House wise 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTIFIELATED TO THE TOMMINAL DISEASE CONDITION GIVEN IN PART AT WAS AUTOPSY PERFORMED? 1 YES IN NO P (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, [City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while at work of work p. m. 1958, that I last saw the deceased 21. I certify that I attended the deceased fram. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Coope PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BUR AL CREMATION. 22d. LOCATION (City, town, or county) (Stote) EMOVAL (Spegify) O FUNERAL DIRECTOR'S SIGNATION 246. REGISTRAR'S/SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 10/57



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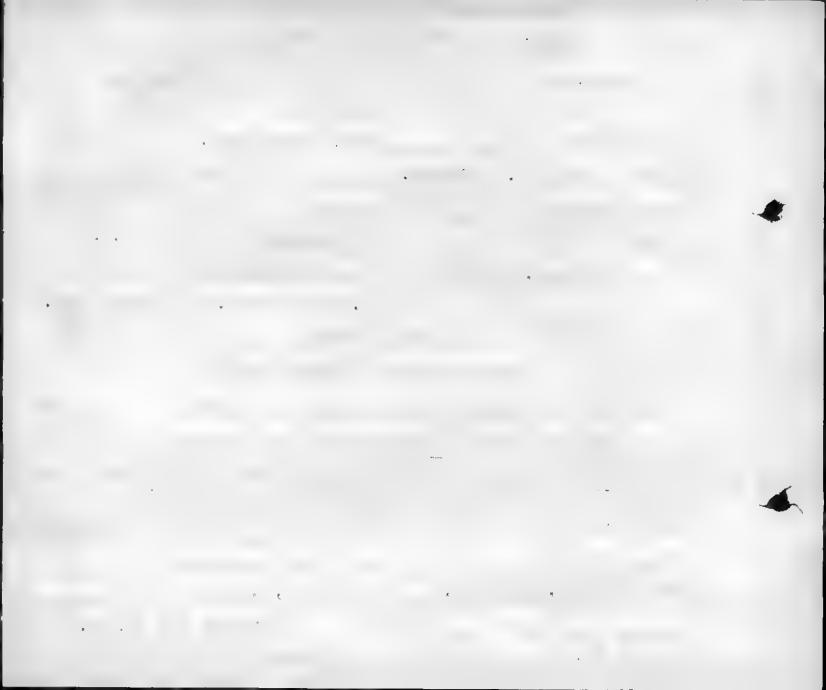
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15M 9/SS

page





8863

CERTIFICATE OF DEATH

Rea. Dist. No

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

U. S. A.

12. CITIZEN OF WHAT COUNTRYS

INTERVAL BETWEEN ONSET AND DEATH

THE KINOWA

h YEARS

PERFORMED? YES NO 🗍

(Stole)

DATE SIGNED

Days

(County)

Months

YES NO 2

Yeor

1958

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Baltimore Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should 24 Days Fort Howard Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS 1826 Hope Street Veterans Administration Hospital NAME OF DECEASED (Served as MILTON 4. DATE Month RAGLAND OF DEATH (Type or print) August RAGLAND 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX P. AGE (in years jost birthday) B. DATE OF BIRTH Male Colored WIDOWED [DIVORCED | April 29, 1895 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slate or foreign country) during most of working life, even if retired) Halifax, Virginia Cement Worker Construction 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Ragland Judie Ragland IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address Clin. Rec., Vet. Adm. Hospital. Ft. Howard. Maryland 148-05-4303 Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: GENERALIZED CARCINOMATOSIS IMMEDIATE CAUSE (o) DUE TO GASTRIC CARCINOMA Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING 🗖 OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) g. m. Not while of work of work 21. I certify that X attended the deceased from July 13 . 1958 . 10 August 6 ADDRESS (Street, city or town, state) ACTUAL SIGNATURE VAH. FT. HOWARD, MARYLAND should NERAL 3 PHYSICIAN'S NAME (Type) LAN M D VA HOSPITAL FORT HOWARD WARYLAND 22b. DATE THEREOF 220. SURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) poge REMOVAL (Specify) Baltimore National Baltimore, Maryland Burial 0 RECID BY REGISTRAR - 1245 REGISTRAN'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE

1808-10 N. Monroe St.

Baltimore I/, Md.

VS A15 (4) 15M 9/S5

Arlington S. Phillips



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 8864 Reg. Dist. No. with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) e. COUNTY filed **b.** COUNTY 11 MARYEAND BALTIMORE MARYLAND death. b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should FORT HOWARD RALTIMORE d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS 319 HAMMONDS LANE VETERANS ADMINISTRATION HOSPITAL NAME OF 4. DATE First Middle Month OF DEATH WILLIAM K RTCH (Type or print) AUGUST 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED S. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE [In years lost birthdoy) Months MATE WHITE WIDOWED [] DIVORCED [7] DECEMBER 1896 executed 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) PAINTER NAVY GUN FACTORY oug BALTIMORE MARYT.AND 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ANTHONY RYCHWALSKT JOSEPHINE ZAROLOWICZ IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address WW-1 YFS ADM HOSP CLIN REC FORT HOWARD IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: CEREBROVASCULAR ACCIDENT IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which CEREBRAL ARTERIOSCIEROSIS gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY HYPERTENSION: NEPHROSCLEROSIS: ARTERIOSCLEROTIC CARDIOVASCULAR 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) factory, street, office bldg., etc.) Hour O. m. While Not while at work at work 21. I certify that Wattended the deceased from P.M. August 30 ... 19. 58. 10 August 31 ... 1958 жаскаскаскаскаска otherwise accompanion of the date stated above and that death occurred at 3:05 p.M. from the causes and on the date stated above ADDRESS (Street, city or lown, stole) ACTUAL SIGNATURE VAH, Fort Howard, Maryland

0 V\$ A15 (4) 15M 9/SS

FÜNERAL DIR

PHYSICIAN'S NAME (Type)

220. SURIAL CREMATION.

REMOVAL (Specify) BURTAT.

23. FUNERAL DIRECTOR'S & IGNATURE

James L McCully 237 Patapsco Ave Baltimore 25 Md

22c. NAME OF CEMETERY OR CREMATORY

STANTSLAUS

ADDRESS

Moses Lichtig

(Stote) DATE SIGNED 8-31-58 (State)

03880

. IS RESIDENCE ON A FAPM? YES NO)

Hours

Yeor

MARYLAND

PERFORMED?

YES NO 13

INTERVAL BETWEEN 1-2 DAYS

UNKNOWN

VAH. Fort Howard.

240 REC'D BY REGISTRAR

DATE SEP 3

22d LOCATION (City, town, or county)

BALTIMORE, MARYLAND

24b. REGISTRAR'S SIGNATURE

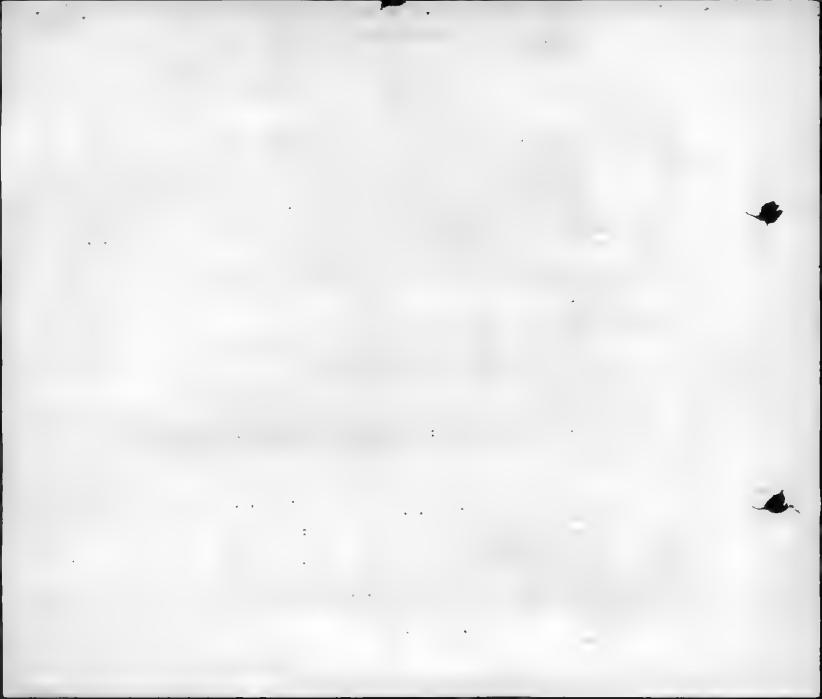
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Min.

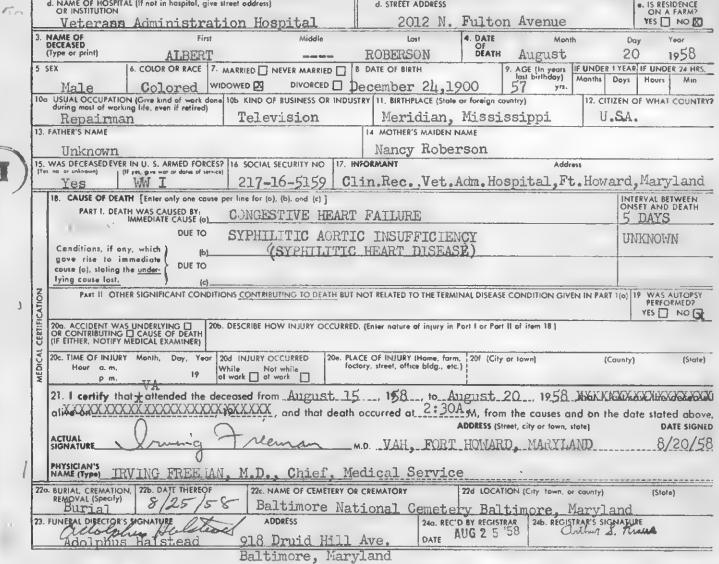
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U.S.A.





		MARYL	AND	STATE DEPAR	TME	NT OF HEALTH	-BAL	TIMORE, 18	3			0.0	
	•	886	6	CERTIF	ICA	TE OF DEATH	1		Reg. Di		0880	52	
	PLACE OF DEATH COUNTY Baltimor	е		MARYLA	- 11	2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY Maryland							
b. CITY OR TOWN (If ausside corporate limits, write RURAL and give nearest town) Fort Howard 5 Days						c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Baltimore							
_	d. NAME OF HOSPITA	AL (If not in hospitol, giv Administra		oddress)		d. STREET ADDRESS 2012 N.	Fulto	IS RESIDENCE ON A FARA					
- (NAME OF DECEASED (Type or print)	First ALBERT	0101	Middle		Lost ROBERSON	4. DATE OF DEATH	Month August		0ay 20	Year 195		
5 5	Male	6. COLOR OR RACE	· MARI	RIED NEVER MARRIED		DATE OF BIRTH	000	9. AGE (In years III	F UNDER Months	TYEAR IF	UNDER 24		
10a	USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)		KIND OF BUSINESS OR Celevision		RY 11. BIRTHPLACE (Stole of Meridian,	or foreign co			SA.	WHAT CO	UNTRY?	
13. FATHER'S NAME						Nancy Roberson							
(If yes any war or dates of service)						Namely Moderson NFORMANY Address Clin.Rec., Vet.Adm. Hospital, Ft. Howard, Maryland						ind	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONGESTIVE HEAR!						T FAILURE					INTERVAL BETWEEN ONSET AND DEATH 5 DAYS		
Conditions, if ony, which gove rise to immediate couse (c), stoling the under-						IC INSUFFICIENCY C HEART DISEASE)					UNKNOWN		
	Indiana anno best												



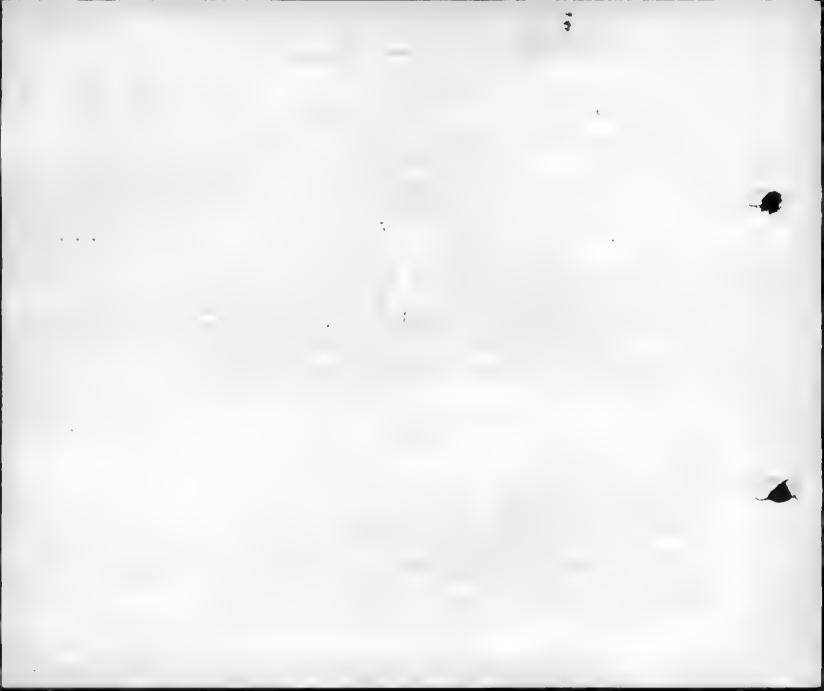
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		+ 8867	7			E OF D	EATH	l		Reg. (Dist. No		000	
١.	PLACE OF DEATHLOS	उद्यापन विकास	re ii	wining deno	OF 1 2	USUAL RESID	DENCE (Whe	re decease	d lived If institu	ition Resid	ence befo	re odmisi	ion)	
Baltimore MARYLAND						2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY Allegany								
	b. CITY OR TOWN (IF	l lp	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)											
Owings Mills, Maryland 20 yrs.						West	ernoo	rt. M	aryland		1	4		
d. NAME OF HOSPITAL (If not in hospitat, give street address) OR INSTITUTION						d. STREET A						e. IS RES	DENCE	
]	Rosewood St	tate Train	ing S	School									FARM?	
3.	NAME OF DECEASED	Fi	rst	Middle		Lost		4. DATE	M	onth	Do	v	Year	
	(Type or print)	T.eoi	nard			Roderi	ck	OF DEATH	3	3	1.2		19 58	
5.	SEX			RIED NEVER MARRIED	图 8.1	DATE OF BIRTH			9. AGE [In year		R 1 YEAR	IF UND	ER 24 HRS	
	Male	White	WIDOW	/ED DIVORCED		5/31/	27		lost birthday)		Days	Haurs	Min.	
100	. USUAL OCCUPATIO		dane 10b	KIND OF BUSINESS OR	INDUSTRI	Y 11 BIRTHPL	ACE (Slote a	r foreign c	auntry)	12. C	ITIZEN C	F WHAT	COUNTRY?	
	ouring most at wark	ing lire, even it retired	'			West	Virgi	inia			U	.S.A	•	
13.	FATHER'S NAME				1	14. MOTHER'S	MAIDEN NA	AME						
	Leonard	Carl Rode	ri elt	(dead)		Edna	. Hay S	Selle	rs					
IS.	WAS DECEASED EVER	IN U. S. ARMED FOI	CES? 16	SOCIAL SECURITY NO	17. INFO					ldress				
{T4	n, no, or unknown)	If yes, give wor or dotes of :	(etrice)	and other Pills	Ros	sewood	Record	ds						
		TH [Enler anly ane co	ouse per /	ne for (o), (b), apd, (c)]	-0 2	1	3 7		1 /-	0 (a V INT	ERVAL BE	TWEEN	
	PART I DEATH WAS CAUSED BY: Usteo in elitics of the cervical vertebrae (5 & 6 C) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: Usteo in elitics of the cervical vertebrae (5 & 6 C) ONSEL AND DEATH IMMEDIATE CAUSE (c) With compression of the spinal cord 25 mos.									DEATH				
	DUE TO									<u>€ 55 117</u>	00.			
	Conditions, if any, which) (Staphlococcus Aureus (Hemolytic)								25 mos.					
	gove rise to immediate									000				
	couse (o), stoting the <u>under-</u> lying couse last. DUE TO													
z	PART II. OTH	ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION G	VEN IN PA	ART I(a) 1	9 WAS	AUTOPSY	
ATK	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? Spastic paraplegia with symptomatic epilepsy (Injury of head at yes 29 No 1													
FE	20g ACCIDENT WAS	S UNDERLYING 🖂 🦳	20b DES	CRIBE HOW INJURY OCC	URRED. (Enter nature at	injury in Pa	ert 1 ar Par	1 af item 18	time	ci b	irti		
CERTIFICATION	206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) TIMES OF DITTIL. OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)													
	20c. TIME OF INJURY	Month, Doy, Ye	or 20d. (NJURY OCCURRED 2	Oe PLACE	OF INJURY (iome, farm,	20f. (City	or town)		(County)		(State)	
MEDICAL	Hour a. m. While Nat while factor of work at work						bidg., etc.)				(,,,		(0.0.0)	
*		-4.144.4		771	/38	10	. 8	112/5	8					
	21. I certify that I attended the deceased from 7/10/38, 19, to 8/12/28, 19, that I last saw the deceased													
	dive on the date stated above.													
	ACTUAL AC													
	SIGNATURE M.D. Chings Men of Signature													
	PHYSICIAN'S NAME (Type)										~ 44 4H 44 44 44			
220	BURIAL CREMATION	y. 226. DATE THEREO	OF O/	229 NAME OF SEMETI	ERY OR C	REMATORY		22d 19CA	TION (City lawn	of county)	(Stat	e)	
	Televial	18/15/5	8	4 glass	Sale	,	/	CKI	SAM	211	-1	1- Y	u	
23	FUNERAL DIRECTOR'S	SIGNATURE	150	ADDRESS	1		24a. REC'D	BY REGIST	RAR 246 REC	SISTRAR'S S	IGNATU	₹E		
	Boal Fu	ineral Ho	me	- WesTern	Dor	T Md	DATEALG	1 8 '5	e a	Noun &	tra	u		

VS A15 (4) 15M 10/57



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TO FUNERAL

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FOR STATE HEALTH DEP

If any delay is necessary, please 3 to the funeral director. Page be retained for your files. In the State Board of Health, ars after death. 8750

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

#8865

Rea. Dist. No.

-										a with miles - James					
1,	PLACE OF DEATH	4.7				2 USUAL RESIDENCE		ned lived. If instit b COUNT				isson)			
		timore		т-	RYLAND	o. STATEMATYL									
1	and give nearest fawn	outside corporata limits, writ ndalk	* RUPAL	c LENGTH OF STA	AY IN 15	5. CITY OR TOWN (rporote limits, write	RURAL o	ind give n	eorest lo	wa)			
(d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pital, give street add	d STREET ADDRESS		S RESIDENCE ON A FARM? YES NO								
	NAME OF	Fir	u!	Middle		Lort	4. DATE	Mani	Month		1	Yeor			
	DECEASED (Type or print)	WILLIE		Emmit R		ULHAC	OF DEATH	August		19	1	19 58			
5. 5	SEX	6 COLOR OR RACE	7. MARRI	ED NEVER MARE	RIED 77 8.	DATE OF BIRTH		9. AGE In years lost birthday	IF UND	-	-	DER 24 HRS			
	Male	Colored	WIDOWE	D DIVORCE	0 🗆	10-17-3	5	22 yrs.	Months	Days	Hours	Min.			
	b. USUAL OCCUPATION during most of working most of working mandym. Aundym. FATHER'S NAME	g life, even if retired)	done 10b 1	CIND OF BUSINESS C	₇	BE BIRTHPLACE (State 14. MOTHER'S MAIDEN	alto.		12 €	ITIZEN O	F WHAT	COUNTRY			
10.	. FAIRER S NAME					14. MOTHER 5 MAIDEN	NAME								
15.	WAS DECEASED BY	Willie ER IN U. S. ARMED FO		SOCIAL SECURITY N	IO 17 IN	Audrey	Willi	Address			_				
	u, no, or unknown)	(if yes, give war or dates of		SOCIAL SECONITI II											
	[rey Roull	nac		неп	drix					
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL DELIVERY OF THE ONS CAUSED BY														
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Rhoumatic Heart Disease with Mitral Stenosis														
	DUE TO														
	Conditions, if any, which) (b) and Aortic Stenosis and Insufficiency														
	gave rise to immediate cause (a), stating the underlying DUE TO														
	couse last.	(c))												
223	PART II. OTH			ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GI	VEN IN PA	1		AUTOPSY DRMED? NO			
CERTIFICATION	200. EXTERNAL CAL PRIMARY G or COL CAUSE OF DEATH.	JSE WAS NTRIBUTING []	06 DESCRIB	E HOW INJURY OCC	CURRED (En	ter nature of injury in Fo	ort I ar Part II	1 of item 16.)							
MEDICAL	20c. TIME OF INJU Hour a. m.	RY Month, Day, Ye	While	INJURY OCCURRED Nat while ork of wark	factor	E OF INJURY (Home, far y, street, office bldg., et	rm, 20f. (Cit	y or town)	ļ(C	County)	me	(Stole)			
2	p. m. 19 jat work of wark 1 21. I certify that I took charge of the remains described above, held an Autopsy 1 Inspection 1, Inquiry 1, and in my														
	1	resulted from:			_		1			moune	- Jones	a in my			
	ACTUAL SIGNATURE	Kussla	88	when		M.D. CHIEF MEDICAL	-				DATE S	SIGNED			
	EXAMINER'S NAME (Type)	ussell 5.	Fisher	r. M.D.		ASSISTANT MEDICAL		_	8	/20/	58				
270		N. 7225 PATE THERE		22c NAME OF CEM	alv			TION (City, town,			(Sier	0)			
23.	FUNERAL DIRECTOR	'S SIGNATURE	2	ADDRESS	11	240 REC	C'D BY REGIS	TRAR 24b, REG	STRAR'S	SIGNATUI	RE .	which Madde			
	Daniel	-WM	. 00	March X T	- //2/	PANTA	G 7 1 '58	arth	w1 2	Thomas					

TO DEPUTY MEDICAL EXAMIN execute the certificale, writing 4 should be forwarded to 1 TO FUNERAL DIRECTOR: Pogon its designated agent, pring VS. A15ME 5M 2/57

NER: This certificate should be executed within 24 hours after death, for ward "pending" in pencil in Item 18. Give Pages 1, 2, and Like Medical Examiners office along with form PMS. Page 19. 3 should be used as a burial-Inansi permit. File pages 1 and 10 to burial, cremation, or removal, and in any resil within 72 ho



Hartord Koad

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENCE

ON A FARM?

YES NO DEX

Year

19

08866 Rea. Dist. No.

Baltimore

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES INO IA

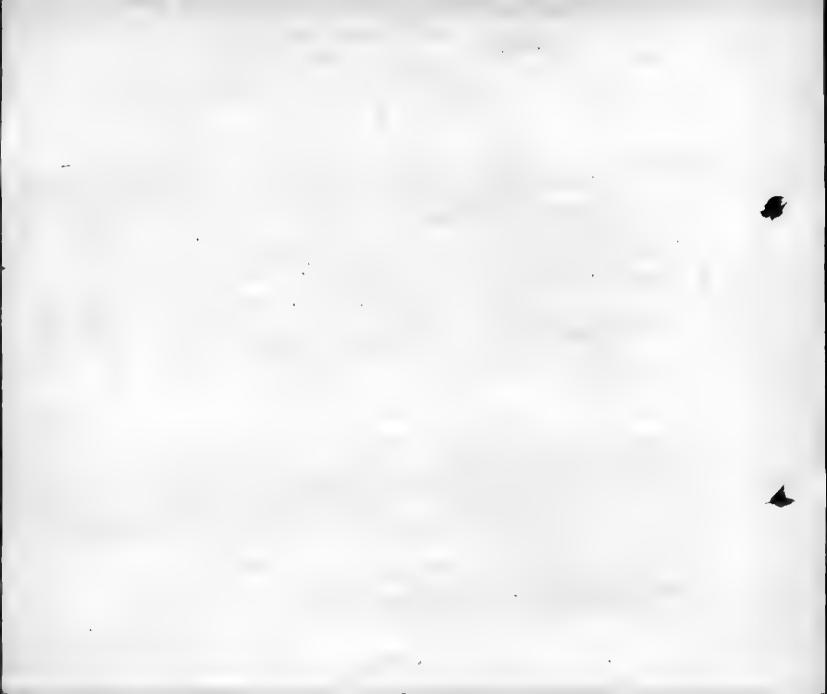
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(Stote)

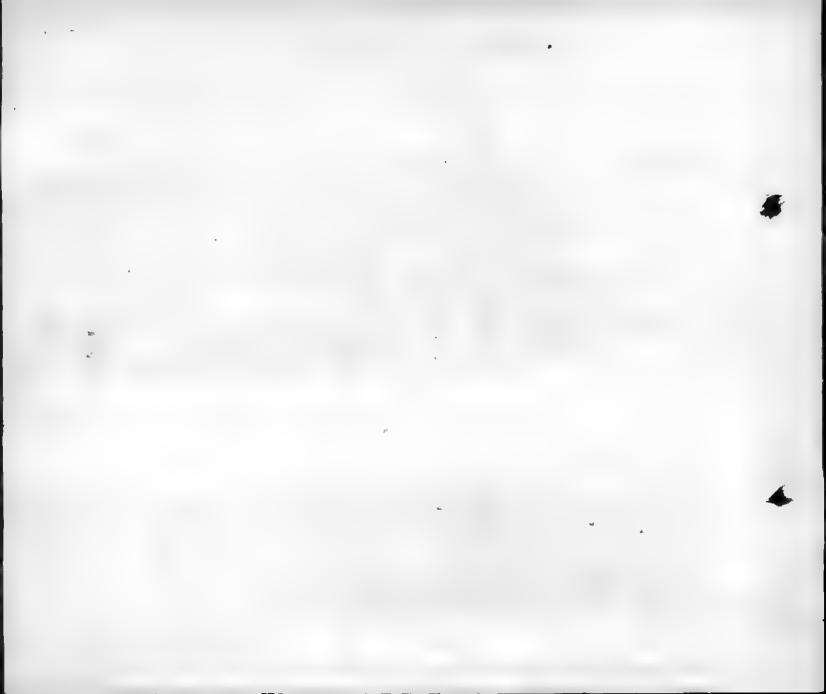
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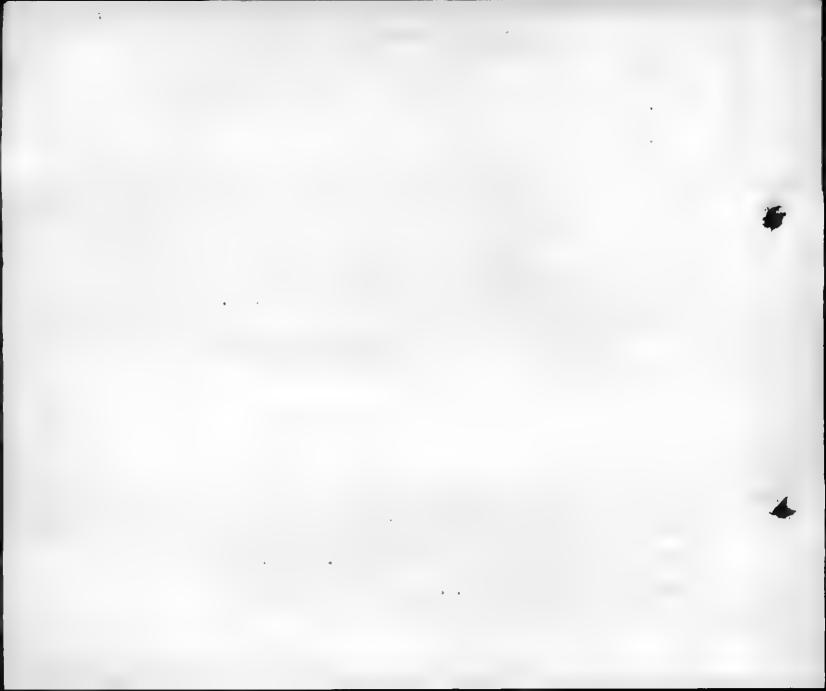
(County)

Months

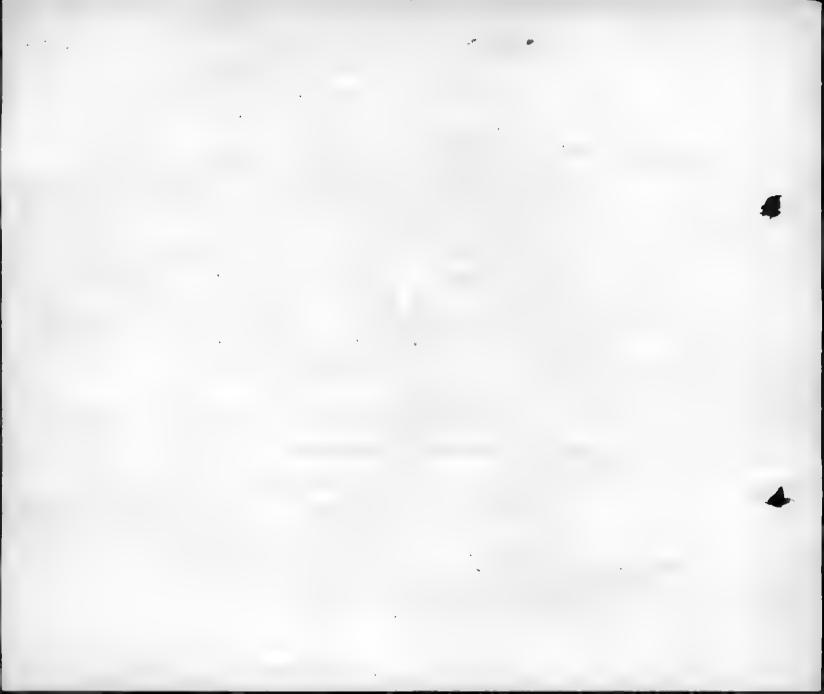


08867 **CERTIFICATE OF DEATH** 8870 Reg. Dist. No. director 7 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) N o. COUNTY filed a. STATE b. COUNTY MARYLAND death. funeral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 25 YES NO NAME OF First Middle Lost 4. DATE Year Day DECEASED OF (Type or print) DEATH 19, within 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED DATE OF BIRTH 9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED | DIVORCED [executed USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY! bod puo carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT tending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: requires that the 420.1 **DUE TO** Ë any Conditions, if any, which signed gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of ilem 18.) 8 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 2 Hour a. fi. While Mat.while, p. m. of work of work 21. I certify that I aftended the deceased "that I last saw the deceased alive and M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAE SIGNATURE should PHYSICIAN'S TO FUNERAL NAME (Type) 220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) pode (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D 8Y REGISTRAR 24b/REGISTRAR'S SIGNATURE arthur & Frank DATE AUG 1 9 '58





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 8871 Reg. Dist. No. 1. PLACE OF DEATH 4 2. USUAL RESIDENCE (Whese deceased lived If institution Residence before admission) a COUNTY **b** COUNTY MARYLAND b CITY OR TOWN of guisside corporate limits, write c. LENGTH OF STAY IN 16 TOWN If outside corporate limits, write RURAL and give nearest town) RURAL and giv O d. NAME OF HOSPITAL III in hospital, give street address). STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO [NAME OF Middle Year DECEASED OF DEATH (Type or print) 6. CO OR OPIRACE MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In/years IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED [7 DIVORCED [7 USUAL OCCUPATION (Give kind of work done 10b. KIND, OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? firing most of work and life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work D. m. 31. 1950 That I last saw the deceased 21. I certify that I attended the deceased fram. M. from the couses and on the date stated above and that death accurred at___ ADDRESS (Street, city or lown, store) NAME (Type) 220 BUR AL CREMATION, NAME OF CEMETERY OR CREMATORY 22d ADCATION Kity, town, or county the reg poge (State) o 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57



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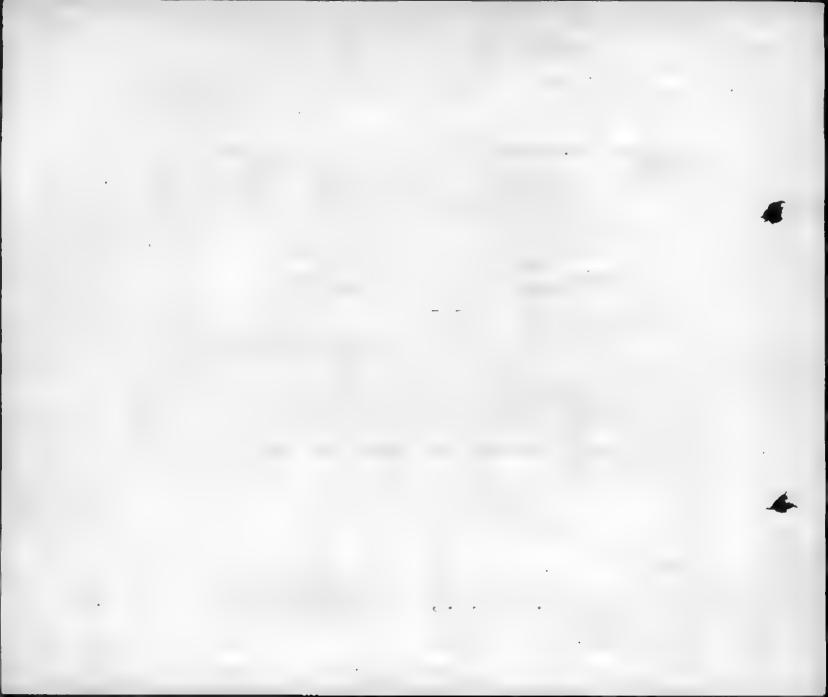
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FOR STATE	8874 Them 7 Fign. 232 (-21-56 et Reg. Dist. No.
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FE 8 F 8	(Type or print) WALTER SCHMIDT DEATH August 14, 1958 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE 1/10 year If UNDER 1YEAR IF UNDER 24 HRS
= 7 E g	tear burnheley) Months Days Hours Min.
r death. 2, and Page S and 72 hav	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
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Page of it	Adam Schmidt Unknown
Sive P form File	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16a, no, of unknown] [If yes, give wor or dates of persical] [17a, no, of unknown] [If yes, give wor or dates of persical]
thin 24 & Giv	Yes Wil 212-07-4766 Eva Josephine Schmidt 6701 Laurel Drive
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
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EXAMIN e. writing ed to the PR: Poge	21. I certify that I took charge of the remains described above, held an Autopsy N., Inspection , Inquiry , and in my
EXA ent.	opinion death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined manner []
CTC	If old in I
MEDICAL EX/ e certificate, v e forwarded L DirECTOR: gnoted agent,	SIGNATURE REDICAL EXAMINER DATE SIGNED
	ASSISTANT MEDICAL EXAMINER
	NAME (Type) Rissell S. Fisher, M.D. DEPUTY MEDICAL EXAMINER
execute 4 should FUNER or its de	270. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (5tote)
5 , 45 ,	Burial B/18/1958 Baltimore National Cem. Baltimore Maryland 23 FENERAL DIRECTORY SEPARTURE CONTRACTOR DIRECTORY REGISTRAR 246. REGISTRARS SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRARS SIGNATURE
VS. A15ME	C. Marion L.
5M 2/57	Ellsworth Armacost-4000 Liberty Hights. Ave. DATE AUG 1 9 '58 C' than & Thomas



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uneral your egistra		3. NAME OF DECEASED (Type or print) CAROLINE - SCHNEIDER DEATH Quyust 26 1958
	~	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH (1) WIDOWED DIVORCED O.T. 5. 1872 1872 1874 1874 1874 1874 1874 1875 1876 1877 1878 18
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ive Po		13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You, no, or unknown) (If yes, give wor or doise of service) (You, no, or unknown) (If yes, give wor or doise of service) (You, no, or unknown) (If yes, give wor or doise of service)
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OR:		death resulted fram: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause [].
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/S. A15ME(5) 5M 9/55		Parsen Hearness DATE AUG 29 '58 Oring S. France



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

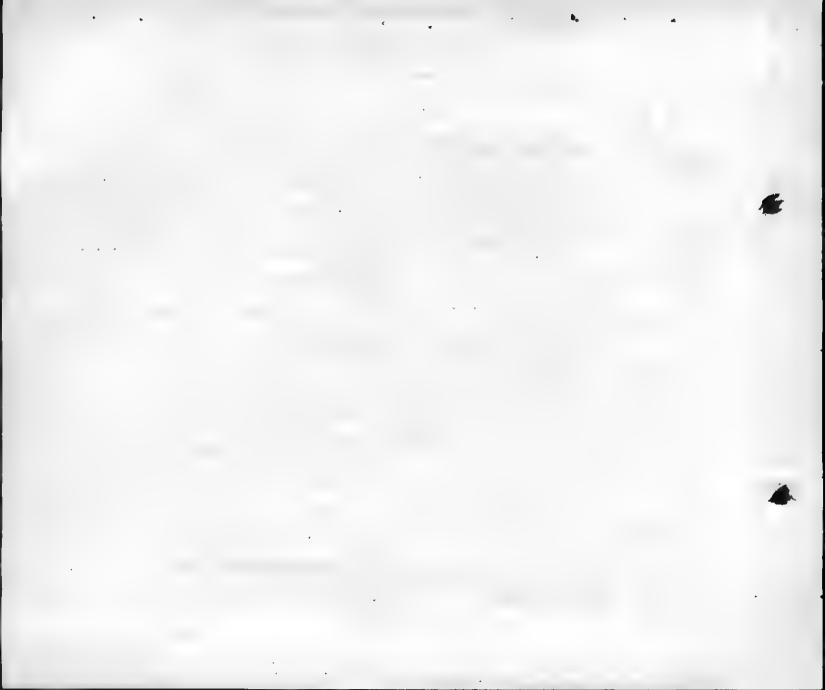
CERTIFICATE OF DEATH

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1. PLACE OF DEATH a COUNTY	Baltamore		MARYL	AND	2. USUAL RESID o. STATE	ence (who Maryl	and	l lived. If institution b. COUNTY	n: Reside	nce befo Balt		sign)
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S. SEX	M	WIDOWE			June 2	1882		9. AGE (In years last birthday) yrs.	Months	Doys	Hours	ER 24 HRS
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13. FATHER'S NAME	rce Schuman	1			14. MOTHER'S	MAIDEN NA	-					
15. WAS DECEASEDEV	ER IN U. S. ARMED FOR (If yes, give wor or dates of i		SOCIAL SECURITY NO	17. †N	Family			Addr	Sar	10	•	
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PHYSICIAN'S NAME (Type)	ON. 22b. DATE THEREO	= /	y class	4	Cd	10	25 V	ille	SI	سط	c./	1/3
220. SURIAL, CREMATIC REMOVAL (Specify	8/12/58	3	Cedar Hi		.€.m •		Bro	ON (City, town, o			(Stat	e)
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_	DECEASED {Type or print}	JO		T	SCOTT	OF DEATH	AUG	UST 2	19	58
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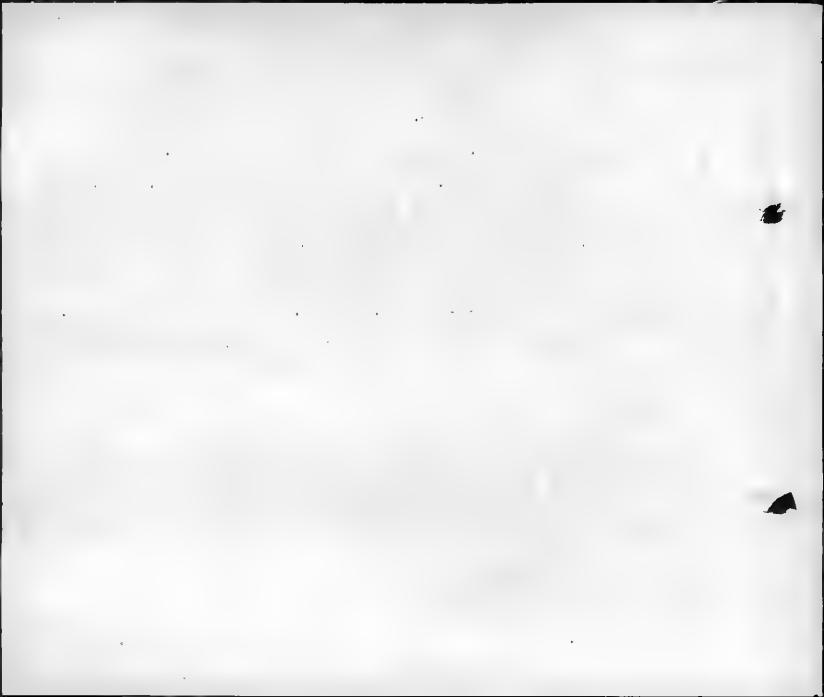


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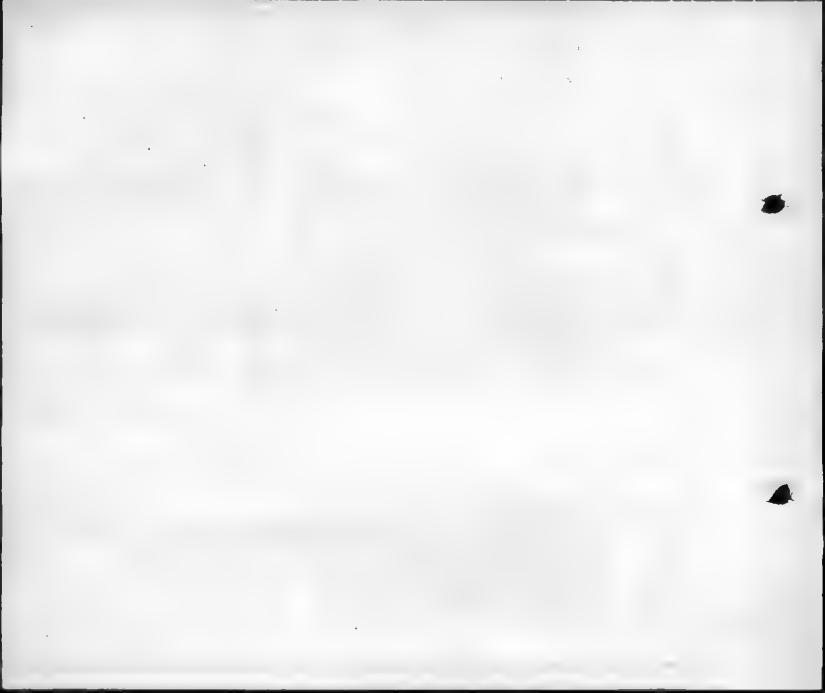
					Ke	rg. Dist. No.				
1 PLACE OF DEATH b. COUNTY	D-2+4	MARYLAND	2 USUAL RESIDENCE (WHO		h COUNTY					
L CITY OR YOUR !	Baltimore		Maryl.		****	Baltimore				
RURAL and give_ne	If outside corporate limits, write earest town]	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		Ilmils, write RURA	L and give neare	st lown)			
	erry Hall	42 yrs.	X Perry	Hall						
d. NAME OF HOSPIT OR INSTITUTION	[AL (If not in hospital, give street	· ·	d. STREET ADDRESS				IS RESIDENCE ON A FARM?			
9.	109 Carlisle A	ve.	9109	Carlis	le Ave.		YES NO K			
3. NAME OF DECEASED	First	Middle	Last (4. DATE	Month	Doy	Yeor			
(Type or print)	Virginia	D.	Seibold	OF DEATH	Aug.	18.	1958			
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years IF t	UNDER TYEAR IF				
Female	White willow	_	March 3, 191		lost birthday) M	onths Days 1	Hours Min.			
10a. USUAL OCCUPATIO	ON (Give kind of work done 10b	KIND OF BUSINESS OR INDU				12. CITIZEN OF	WHAT COUNTRY			
during most of worl	king life, even if refired]	lumbing & heat				USA				
13. FATHER'S NAME	strer I	Tumorng & near	14 MOTHER'S MAIDEN N			MOU				
	- To- Domeston									
	R IN U. S. ARMED FORCES? 16	cochi escuervino 127	Clara Cavi	8						
(Yet no or unknown)	(If yes, give wor or dates of service)				Address					
No	2	15-07-8695 Mr	. Herman J. S	elbold	9109 Ca	rlisle I	Ave.			
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONE OF DEATH WAS CAUSED BY									
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiae to	Rakens & Illin	s (in idia	il was di	21000	TO WHAT			
17 xx	DUE TO	V //			7					
Conditions, if or	ny, which)	May mouse	Diment Emol	o GRANCE	wit Clos	Key to the way.	6-8 wh			
gove rise to immediate										
tying couse lost.	the under-	Vicin mador	in alconton 1	Mines	ne aurosia	Come .	77			
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	W			WAS AUTOPSY			
I Common		1 1 12	on mariti				PERFORMED?			
E 20s ACCIDENT WA	IS LINDERLYING TO 1205 DES	SCRIBE HOW NURY OCCURRE			of item 18.1		ES NO EJ			
O THE ENHER, NOTIFY	AS UNDERLYING 1 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	JERISE HOY HOUR OCCORNE	o. (che horse of injury in r	071 1 01 7 011 11	or nem 10 j					
20c. TIME OF INJUR Hour a. m.			ACE OF INJURY (Home, form	20f (City or	lown]	(County)	(Slote)			
Hour a.m.	19 While		ctory, street, office bldg., etc.	1						
	at I attended the decea	sed from Illan	1056 10	18 144	* 10 SE 11		the decease			
alive an 1.3		r1	17.35.56, 10	4	,					
alive an		$\frac{1}{2}$, and that death	occurred at 6:30		he causes and	an the date				
ACTUAL	ADDRESS (Street, city or town, state) DATE SIGNED									
SIGNATURE	The last	tiple:	M.D. 727	19510	15	1 96-11	8-167			
EHYMCHAMIE NAME (Type)	JOHN C.	01-191-6.								
270. BURIAL, CREMATIO	N, 226 DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATION	N (City, town, or co	ounty)	(State)			
REMOVAL (Specify)	Aug. 21,1958	Holy Redee	m 020							
23. FUNERAL DIRECTOR		ADDRESS ADDRESS		D BY REGISTRAR	Ltimore.	R'S SIGNATURE				
2 replant	The American	THAI PROPERTY	(11)	1 9 '58		8 Harris				
1 1. F. T. I T. I T. I. I.	2/10/20/20/20/20/20/20/20/20/20/20/20/20/20	1 PT 13 1 18 IUI / D 1 A	LUALLU V	1 4 70	LANCE WAY	A ISAAISA				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea Dist No. 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH o. COUNTY MARYLAND Healt b. CITY OF TOWN CLENGTH OF STAY IN 16 c CIEFOR TOWN (If outside corporate limits, write RURAL and give nearest town) 50 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sfreet address) A STREET ADDRESS a IS RENT. NICE ON A FARM YES I NO TO 3. NAME OF Middle Month Ynn DEATH (Type or print) 19 9. AGE in years JELINDER TYPAR JE LINDER 24 HRS A COLOR OF PACE MARRIED TO NEVER MARRIED 8 DATE OF BIRTH Months WIDOWED DIVORCED [10a USUAL OCCUPATION (G've kind of work done KIND OF RUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page 5 during most of working life, even if ret red) 13. FATHER'S NAME TA MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO 17 INFORMANI Address NTERVAL BET WEEN E. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (e), stating the underlying cours lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY PERFORMED? 10 NO [20g, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg . etc.) While Hour Not while o. m. p. m. of work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection V Inquiry and in my Farwarded DIRECTOR: Suicide N. Homicide . Undetermined monner Notural cooses Accident DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE Should be ASSISTANT MEDICAL EXAMINERS **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22d LOCATION (City, town, or county) 220 BURIAL CREMATION, 226 DATE (Stote) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL D RECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR REGIST A15ME DATEAUG 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08879MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8882 Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY D. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If putside corporate limits, write RUEAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If audide corporate limits, write RURAL and give nearest lown) 2 d. NAME OF HOSPITA OR INSTITUTION (If not in hospital, give street address) d. STOFFT ADDOFSS e. IS RESIDENCE ON A FARM? 2 c YES NO P NAME OF First Middle DATE Lost Month Year DECEASED OF (Type or print) DEATH 19 5 S. SEX 6. COLOB OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours MF UNDER TYEAR IF LINDER 24 HPS lost birthday) Min. Hours WIDOWED IX DIVORCED | Lay yes. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 6 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 17. INFORMAN 10-086 06-18. CAUSE OF DEATH Enter only one cause per live for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause (a), stating the underlying **DUE TO** cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO [20g. EXTERNAL CAUSE WAS PRIMARY OF GOOTRIBUTING OF 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH. Exar 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) While g. m. Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry [7]. Inspection 70 and find that certificate, writied to the Chief J death resulted from: Natural causes ... Accident , Suicide . Hamicide , Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER forwarded h ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22a BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 2 23. FUNERAL DIRECTOR'S, SIGNAT ADDRESS 24a. REC'D BY REGISTRAR / REGISTRAR'S SIGNATUR 24h

DATE ALIG 6

VS. A15ME(5) 5M 9/55



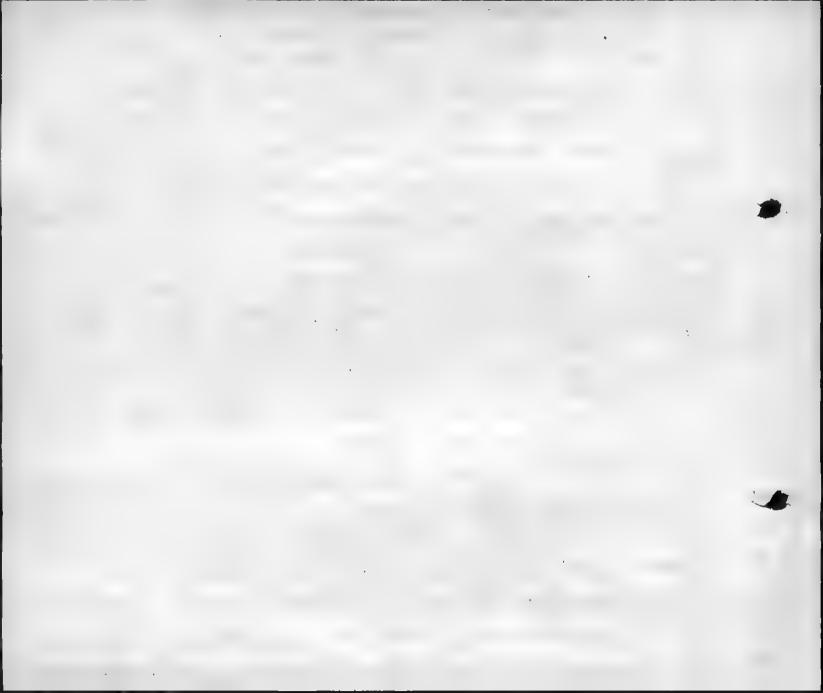
4	1		MARYLAND STATE DEPARTMENT OF HEALTH—	BALTIMORE, 18	10000
D	70	L	1 8883 CERTIFICATE OF DEATH	Reg. Dist. No.	08880
Page directar		1.	PLACE OF DEATH COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE Where do not state Md.	deceased lived If institution: Residence before b. COUNTY	odmission)
death funeral	*)		KOKAL ong Give searest town)	le corporate limits, write RURAL and give near	est town)
irs after by the f I 2 shay	- 17		d. NAME OF HOSPITAL (If not in hospital, give street address) OR UNSTITUTION d. STREET ADDRESS	0.3.1.701.13.70	. IS RESIDENCE ON A FARM? YES NO T
124 hau illed in es } and		3.	NAME OF First Middle lest 4.1	DATE Month Doy OF DEATH QUY 7	Yeor 19.5-8
wilhir rely f		5.	SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH		F UNDER 24 HRS. Haurs Min.
com	ę.	100	male White WIDOWED DIVORCED Aug. 19, 1912 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	preign country) 12. CITIZEN OF	WHAT COUNTRY?
and c	r death.	13	Mechanic Air Reduction Sales Balto		4
ate b	i I) T	John Sraver Annie Del		
certificating physicial	72 hour	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT no or unknown) (If you give wer or dotes of service) 212-07-3332 Minnie Walter	Address Sraver, wife, above	3
he death a attendin en please	at wilhin		1B CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Carcinomatoris	INTER	T AND DEATH
es that t ed by th mit. Th	any eve		Conditions, if ony, which gove rise to immediate (b) Carcinoma left	eye 1º	755
requir an. signe	<u>.</u> <u>p</u>		couse (o), storing the under- lying couse lost.		
he faw i physicia os been ial-tran	noval, a	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL I		WAS AUTOPSY PERFORMED? YES NO
IAN: T fending ficate ?	or rea	15	206 ACCIDENT WAS UNDERLYING A 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 OR CONTRIBUTING ACUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	l or Part (1 of item 18.)	
PHYSIC dor at cert	ematian	MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 20d. INJURY OCCURRED While Not while at work at work 19 at work 19 20e. PLACE OF INJURY (Home, farm, 20 factory, street, office bldg, etc.)	Of. (City or lown) (County)	(State)
haspi Affer hed for	rial, c		21. I certify that I attended the deceased from Min. 1968, to alive on alive on 1968, to 1968	uy 7 , 196 8 that I last say	w the deceased
ATTEN by the ECTOR: e detact	다. 다.			SSS Street, city or town, state)	DATE SIGNED
TAL OII	fra pri		PHYSICIAN'S NAME (Type)		1/1/0
HOSPI Oy be UNER	- CO	220	REMOVAL (Specify)	. LOCATION (City, town, or county)	(Slate)
5 5 5	Ě	23,	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY		
VS A15 (4) 15M 9/55	1.11	3	Aarles E. Schimunek Funeral Home 331 Brehms Lane	11 58 Withebuch	



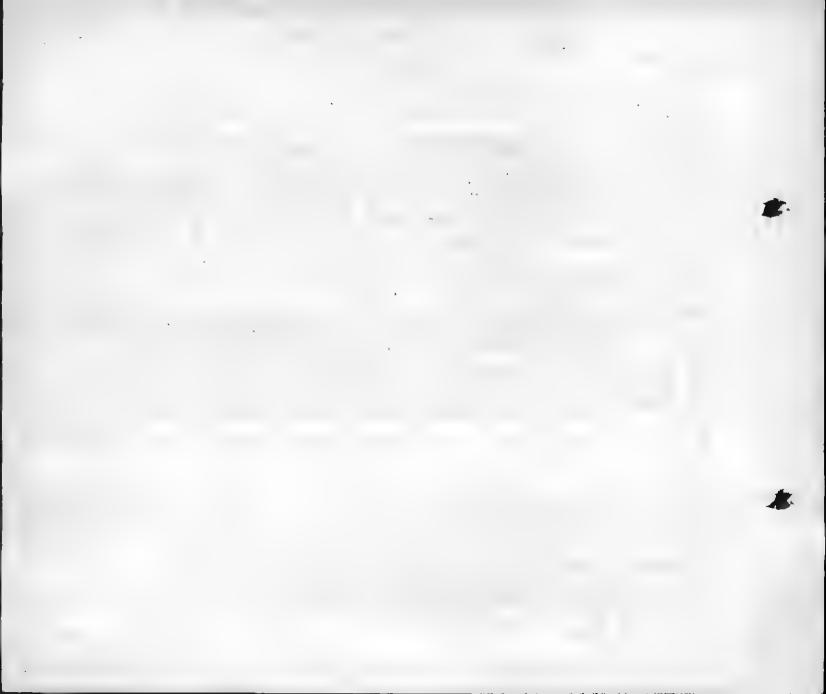
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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If	() \$882 Reg. Dist. No.
STATE	Keg. Dist, 140.
MARYLAND MARYLAND	institution: Residence before admission) OUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 4 5 7 0 4 5 7	write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 307 LENNOX HUE 307 LENNOX	PUF O. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECLASED (Type or print) (1) S / L D S / L D S / L D S / L D S / L D S / L D S / L D D S / L D D D D D D D D D D D D D D D D D D	Month Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In local birth) WIDOWED DIVORCED DIVORCED 104 3 1871	years IF UNDER I YEAR IF UNDER 24 HPS.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address 307 LENNOLAUE
18. CAUSE OF DEATH [Enter only one cause per line for (7), (b), and (el-)	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Justill ONSET AND BEATH The
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.	
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF THE PROPERTY	ON GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	16.}
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while at work at work at work.	(County) (Stote)
21. I certify that I attended the deceased from and 1, 1978, to alive on 1, 1978, and that death occurred at Bib P M/from the car	Sthat I last saw the deceased uses and on the date stated above.
ACTUAL SIGNATURE DUMENTA STUDIES M.D. TUTBURANCES (Street, city of	
PHYSICIAN'S NAME (Type) Bennett A. Stoen Lutherville, Md.	
220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. REMOVAL (Specify) 8/13/58 57: An March 12d 12d 10CATION (City. 12d	town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246	2 Chun S. Harla



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	Reg. Dist. No.
M	1. PLACE OF DEATH o. COUNTY BALTIMORE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ARYLAND b COUNTY BALTIMORE
ě	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town) RODG-ERS FORGE
and 2 should	d NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 3/9 Regester, ave, 3/9 Regester ave ves \(\text{NAME OF HOSPITAL (If not in hospitol, give street address)} \) OR INSTITUTION 3/9 Regester, ave, \(\text{3 19 Regester} \) OR INSTITUTION \(\text{3 19 Regester} \) ON A FARM? YES \(\text{NO IN STREET ADDRESS} \) ON A FARM?
Pages 1 or	3. NAME OF DECEASED (Type or print) HENRY Middle SUYDAM DEATH aug 25 1958
	5. SEX 6. COLOR OR RACE White widowed Divorced Divorced July-31-1877 9 AGE (In your IFUNDER 1 YEAR IF UNDER 24 HRS. Monihs Doys Hours Min.
de d	100. USUAL OCCUPATION (Give kind of work done of the life during more of spring life, even if retired) Mise. Newarh, H. J. 12. CITIZEN OF WHAT COUNTRY Newarh, H. J. V. A. U.
haurs after de	13. FATHER'S NAME Jeorge H. Sugdam White Mc Rorie
se remo	15. WAS DECEASED EVERTA U. S. ARMED FORCES? 16. SOCIAL/SECURITY NO. 17. INFORMANT Charles Hb. Lugdam \$35 Regester are, B.
Then please a event within 72	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO INTERVAL BETWEEN ONSET AND DEATH
d in any	Canditions, if any, which gove rise to immediate cade (o), stating the under-lying cause last. (b) UNDERD DUE TO
burial-transi remaval, an	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH III EITHER NOTIFY MEDICAL EXAMINER
the bur	
ematian	20c. TIME OF INJURY Manth, Day, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED While Not while of work of wo
ched fol	21. I certify that I attended the deceased from WIA 1, 19.5%, to WIA 2, 19.5%, that I last saw the decease alive on WIA 2, 19.5%, and that death occurred at 9.5% M, from the causes and an the date stated above
d be deta prior ta b	ACTUAL REFERENCE C. Tosh M.D. 6805 (Street, pity or fown, stote) DATE WIGHT
hau	PHYSICIAN'S LAURENCE C. Post Ballimore 12 md
page 3 s	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF GREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Cours 28/958 Location (City, town, or county) (Stole) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE
5 (4) 755	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leman W. Genham & Sona Co. 4905 York Road Date SEP 2 '58 Date SEP 2 '58 Continue & Thomas



22c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

(State)

(State)

22d. LOCATION (City, fown, or county)

Baltimore

24a. REC'D BY REGISTRAR

23.Md.

24b. REGISTRAR'S SIGNATURE

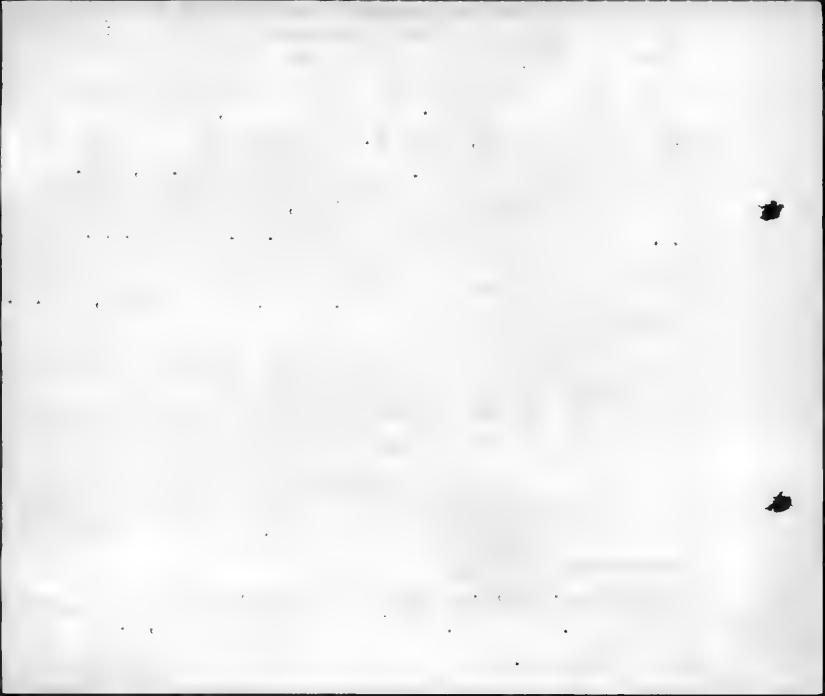
arthur & Krass

FUNERAL DIRECTOR: page 0

220 BURIAL, CREMATION, 22b. DATE THEREOF

uneral Directors

Edmondson Ave.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08885 CERTIFICATE OF DEATH 8888 Rea. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY Fled b. COUNTY MARYLAND Baltimore Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 funeral c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown) should Fort Howard 23 Days Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital 5623 McClean Boulevard ond 2. NAME OF First Middle 4. DATE Manth Day OF DEATH CLYDE M. TENNYSON, SR. August (Type or print) 10 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER LYEAR IF UNDER 24 HRS Hours December 28,1898 WIDOWED | DIVORCED | Male 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 8 Steel Engr. Co. Baltimore, Maryland U. S. A. Estimator remave carbon 13. FATHER'S NAME Tennyson Bessie Lomax Clvde J. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Yes Clin.Rec. Vet.Adm. Hospital Ft. Howard. I'd. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF RIGHT LUNG MONTHS IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO IX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) MEDICAL õ 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour o.m. Not while al work at work 21. 1 certify that Kattended the deceased from August 1, 158, to August 27, 1958, KAKINAKKAKAKAKAKA detoched ADDRESS (Street, city or town, state) DATE SIGNED FUNERAL DIRECT ACTUAL SIGNATURE VAH. FORT HOWARD. MARYLAND 3 should be PRESIDENCE IRVING FREEMAN. M.D. Chief. Medical Service VAH. Fort Howard, Maryland 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) poge REMOVAL (Specify) Burial Parkwood Cemetery Baltimore, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 5005 Harford Road AUG 2 8 '58 arily & Kroug DATE

deoth.



ly filled in by the funeral attractor, Poges 1 and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the hasping y attending physician.

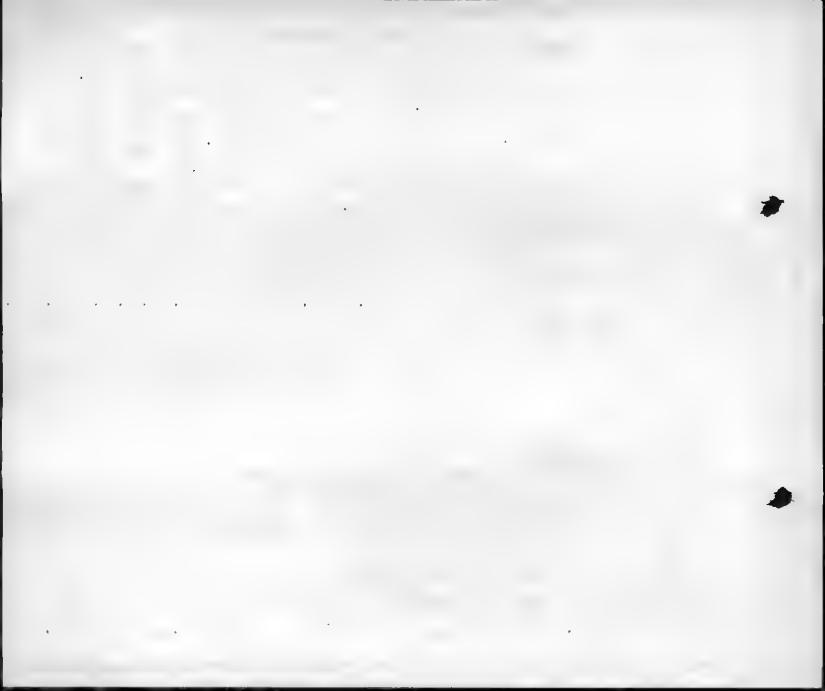
TO FUNERAL DIRECTOR: After an certificate has been signed by the attending physician and campage 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papine registror prior to buriol, cremation, or removal, and in any event within 72 have death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08886

			8880		CERTIFI	CAT	E OF DEATH	1		Reg. Dist. No.	10000
		PLACE OF DEATH D. COUNTY	Baltime	ere	MARYLAN	- 11	USUAL RESIDENCE (Who state Maryl		d. If institution b. COUNTY	: Residence before	
	ľ	CITY OR TOWN RURAL and give	(If autside corporate limit negrest town) Kingsville	s, write	t. LENGTH OF STAY IN	lb ,	c. CITY OR TOWN (IF or	ulside corporale l	imits, write RUR		
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Jerusalem Rd.						d STREET ADDRESS	salem Rd	•		e. IS RESIDENCE ON A FARM? YES NO
		3. NAME OF DECEASED (Type or print) 52 m - c Lois /					+10w	4. DATE OF DEATH	A vg.	18	y Year 1958
	5. 5	M	6 COLOR OR RACE	WIDOWE		J	an. 6, 1868	9	st birthdoy) //	Hanths Days	Haurs Min
	(Carpenter	orking life, even it relifed)		kind of Business or in onstruction	IDUSTR'		ick, Ma		12 CITIZEN O	F WHAT COUNTRY?
)	13.	FATHER'S NAME Sau	mel Tetlow				4 MOTHER'S MAIDEN N		n		
/	15. (Yes	WAS DECEASED EVENT OF URANGE NO. OF URANGE NO.	VER IN U. S. ARMED FOR	TES? 16 S	None		. Ida M. Hed	lges 32	Addres		. Wash. D.
		PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). INTERVAL BETWEEN ONSET AND DEATH ONCE CONTENT ONCE CONTEN									
		Conditions, if gove rise to	immediate (DUE TO	C	ong es +	باد	Heart	fz:/	ure	11-0	2 wks.
	NO.	Lying couse last PART II. O	g the <u>under-</u>	DITIONS CO	LY FOR'S SC ONTRIBUTING TO DEATH			V 10	JC3/C	IN PART 1(0) 1	P. WAS AUTOPSY
)	CERTIFICATION	20a. ACCIDENT V	VAS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in P	ort I or Part II of	item 18.)		PERFORMED? YES NO
	I T. I	20c. TIME OF INJU		7 20d. IN	JURY OCCURRED 20e	PLACE	OF INJURY (Home, form,	20f (City or to	wn)	(County)	(Stote)
	MEDICAL										
		alive an	that I attended the	decease 2, 1 <u>9 ک</u>			curred at 12 A	M, From the	causes and	d on the dat	
,		ACTUAL SIGNATURE/	Illiam	6.	Typon	<u>~</u> м.о		DORESS (Street,	TSLKL	11< M	DATE SIGNED
		PHYSICIAN'S NAME (Type)	William	A	Tyson	1					4-4 18,155
		BURIAL CREMATI REMOVAL (Specif Burial	" Aug. 21.	1958	Washington		ional	22d. LOCATION Suitlan	d Rd.	Suitla	
	130	FUNERAL DIRECTO	R'S SIGNATURE	M 0	7401 Polo		~ / /	BY REGISTRAR		Chur S. Hu	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. filed with PLACE OF DEATH COUNTY Baltimore 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Maryland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negres) (awn) funeral R RURAL and give negrest town) shavid ! 23 Hours Fort Howard Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE Veterans Administration Hospital YES NOTE 17hl East Federal Street 2 NAME OF First Middle last 4. DATE Month Yen OF DEATH 19 58 August EDWARD THOMAS A . (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lost birthday) Months Days Hours Colored WIDOWED | DIVORCED | Male October 3, 1897 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12, CITIZEN OF WHAT COUNTRY? U.S.A. Baltimore, Maryland Gardening Laborer 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ofter 50 Marie Forbes Steven J. Thomas 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Clin. Rec., Vet. Adm. Hospital. Ft. Howard, Maryland Yes 217-07-1266 INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: CARCINOMA OF STOMACH WITH GENERALIZED UNKNOWN IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? YES [X] NO 🗍 BRONCHOPNEUMONTA 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year (County) (State) Nat while factory, street, office bldg., etc.) Haur a.m. While at work at work 21. I certify that attended the deceased from August 26 ..., 1958, to August 27. ..., 1958, that blosk save the deceased may be retained by the TO FUNERAL DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, state) 8/28/58 ACTUAL SIGNATURE -- VAH -- FORT -- HOWARD -- MARYLAND 3 should PHYSICIAN'S CHIEN WEI NAME (Type) LAN. 226. LOCATION (City lown, or county) y Baltimore, Maryland 22c. NAME OF CEMETERY OR CREMATORY 220. BUR AL, CREMATION, 22b. DATE THEREOF (State) Baltimore National Cemetery REMOVAL [Specify] 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 2004 Orleans Ave. VS A15 [4] 15M 9/55 Elroy Wilson arthur S. Kraus DATE SEP 9

deoth.



may be retained by the h FUNERAL DIRECTOR; A page 3 should be detach VS A15 (4) 15M 10/57

INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO 2 (County) (State) 19.25 that I lost sow the deceased M, from the couses and on the date stated above. DATE SIGNED NAME (Type 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMPTERY OR CREMATORY 22d LOCATION (City town, or county) (State) REMOVAL (Specify) Dorsey. Howard, Maryland Meadowridge Buris 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 24b. REGISTRAR'S SIGNATURE 24n, REC'D BY REGISTRAR DATE AUG 2 9 '58 arthur S. Frans Ambrose, Inc. 1328 Sulphur Spring Rd.

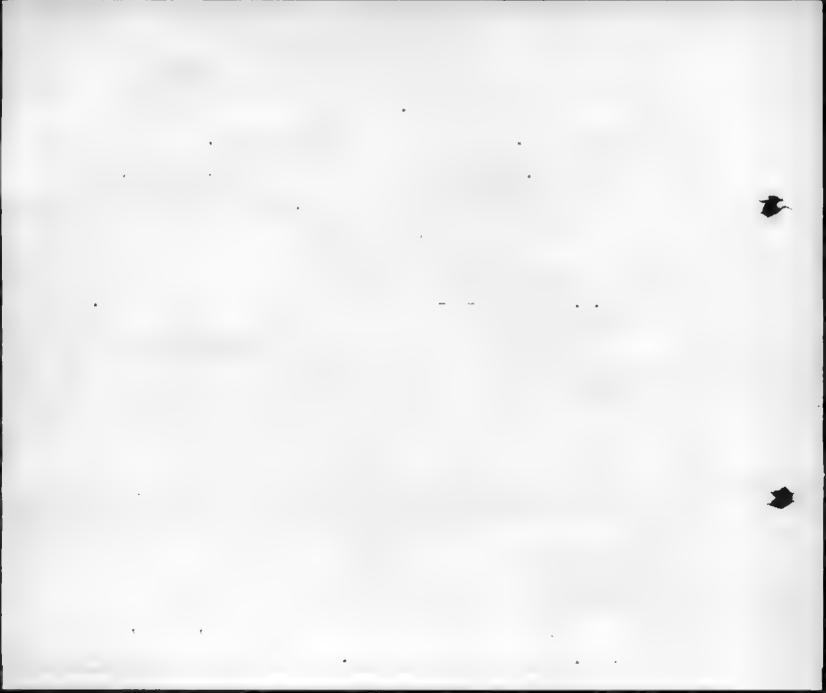
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e. IS RESIDENCE

YES NOT

Year

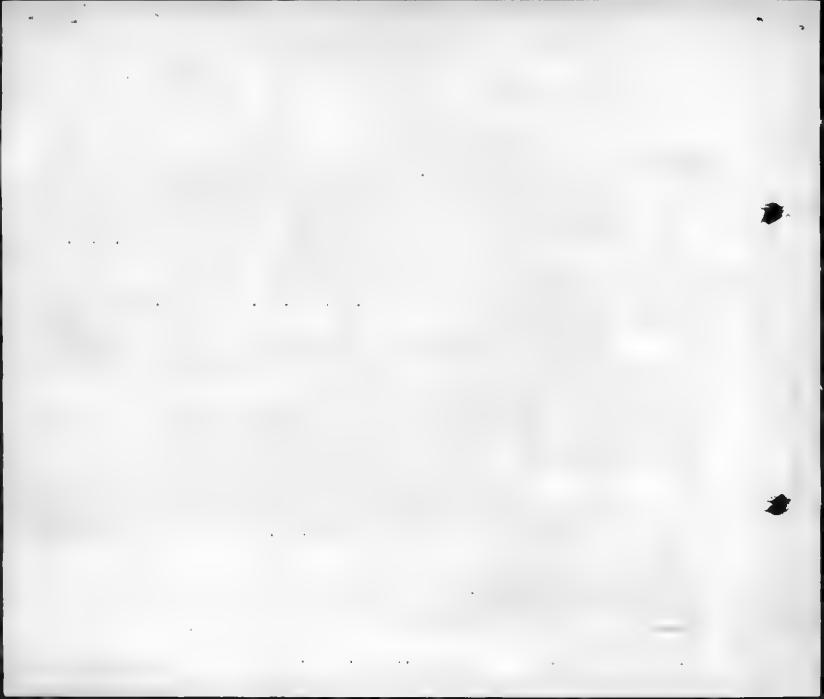
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8891 **CERTIFICATE OF DEATH** Reg. Dist. No director death: Page . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTS omerset Maryland MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negresi lown) RURAL and give nearest town) should Crisfield 2 Davs Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital Route One YES NO Ξ. NAME OF 4. DATE Middle Month 58 ROBERT THORNTON August (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jost birthday) Menths Doys July 23, 1903 WIDOWED [DIVORCED [10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? Commercial Fishing Crisfield, Maryland U. S. A. puo Fisherman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence Thornton Sula Mister 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Yes 214-03-5783 Clin.Rec., Vet. Adm. Hospital, Ft. Howard, Maryland attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY requires that the PHIMONARY EDEMA AND CONGESTION IMMEDIATE CAUSE (a) RECENT **DUE TO** ARTERIOSCLEROTIC HEART DISEASE YEARS á Conditions, if ony, which (b) gave rise la immediale DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPS) PERFORMED? YES 🔯 NO 📋 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) 6 Hour a. m. Not while at work all work 21. I certify that watended the deceased from August 19 , 1958 , to August 21 , 19 58 MANNING VOK HOLD VISCOUS FUNERAL DIRECTOR: age 3 should be detac ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE M.O. VAH, FORT HOWARD, MARYLAND PHYSICIAN'S NAME (Type) VA HOSPITAL, FT. HOWARD, MARYLAND CHIEN WEI LAN, M.D. 220 BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Crisfield Cemetery 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Crisfield, Maryland 0 23 FUNERAL DIRECTOR'S SIGNATURE, Inc. **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Wm Gook-Blight Inc. 6009 Harford Rd. Balto. 14 Mars AUG 2 6 58 Shipped to: Himman Funeral Home, Somerset Street, Crisfield, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4)

15M 10/57

IS RESIDENCE

ON A FARM?

YES NO T

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

30 111 -Low.

PERFORMED?

YES NO 5

(State)

DATE SIGNED

(State)

Day

Days

##G 1 8 '58

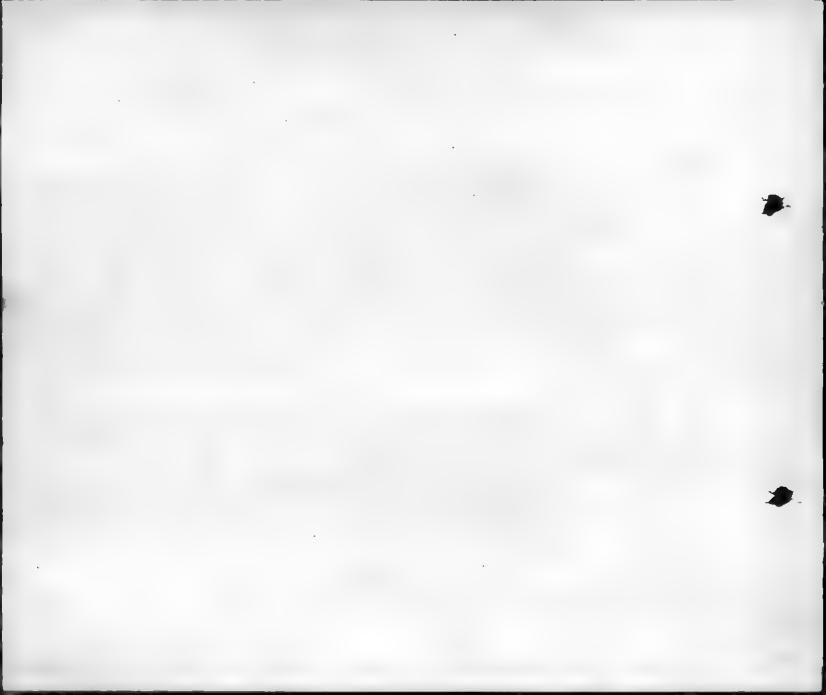
24b REGISTRAR'S SIGNATURE Orthur & Thous

(County)

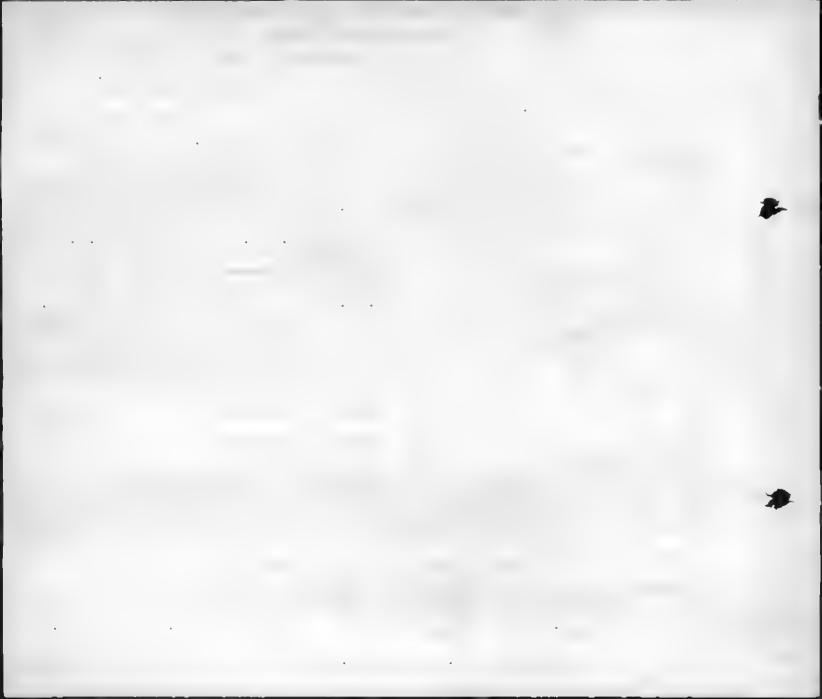


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) c CITY OR TOWN (If outside corporate limits, write RURAL and give neatest town) e. IS RESIDENCE ON A FARM? YES NO W Month Day Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH 11 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IN (County) (Stote) 1945 K., that I last saw the deceased and that death occurred at 4:45P.M. from the causes and on the date stated above. ADDRESS (Street, city or fown, state) 22d. LOCATION (City, tawn, or county) A(Stote) 246 REGISTRAR S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08891 8894 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) o. COUNTY b. COUNTY Balto. MARYLAND 1 ero b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 8 RURAL and give nearest town)
Catonsville the fune Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. 15 RESIDENCE ON A FARM? 1530 William St. House in The Pines YES NO NAME OF 4. DATE Middle Month Yeor DECEASED OF DEATH (Type or print) 19.5 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Dovs female WIDOWED | DIVORCED | Nov. 18,1901 300. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Balto. Md. U.3.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Thompson IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Housaid Timbs-huchand-1528 William St. no none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MELANTALE Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work 1958 to 8 - 25 21. I certify that I attended the deceased from 5-11-. 1958 that I last saw the deceased 1958, and that death accurred at 11.591.M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) shauld NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) Lorraine Park Md. Balto. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE HOME 1216S. Charles St. DATE ALIG 2 9 158 arilyon & Henry Krause



ly filled in by the funeral director, Pages 1 and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspitation attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carbon papes the registror prior to burial, cremation, ar remayal, and in any event within 72 hour after death.

V\$ A15 (4) 15M 9/55

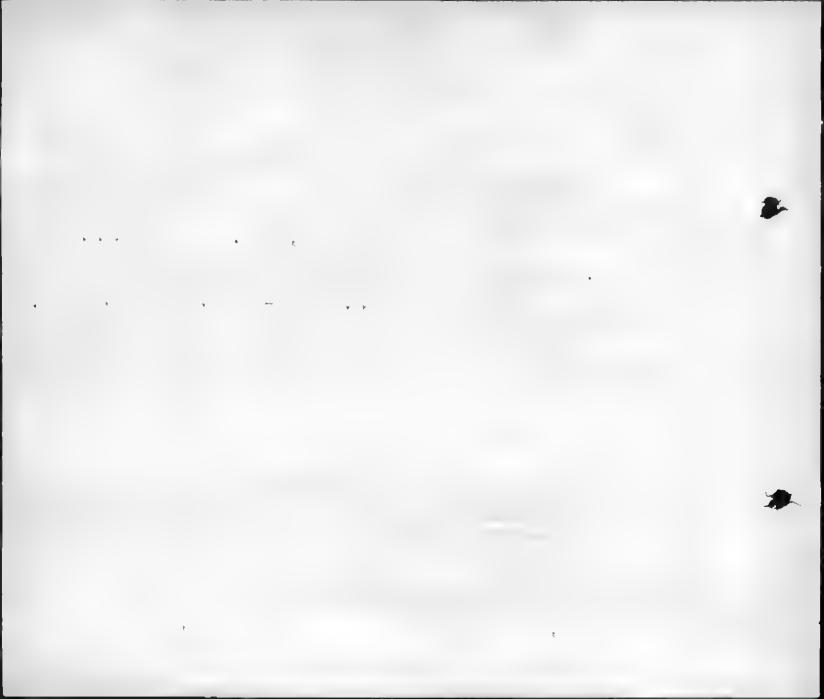
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8895

CERTIFICATE OF DEATH

08892

	Ray, Dist, 140.
1. PLACE OF DEATH O COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville	53 Dundalk
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE ON A FARMQ
House In The Pines Nursing Home	2806 Yorkway YES NO 🖹
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) Mary E	Truse DEATH \$ 2 1958
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Is under 1 Hours Months Days Hours Miss
Female White WIDOWED DIVORCED	3-26-76 Se yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Homenakar	Dawson, Penna, U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
John W. Wright	Susan Patterson
	NFORMANT Address Pittsburg
	m.W. Truexel - 415 So. Trenton Ave. Penna.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: 1149 Teardial	ONSET AND DEATH
420.1 DUE TO	Tarke Zack
	f
Conditions, if any, which (b) (b)	Miller Lory.
couse (a), stating the under. DUE TO lying couse last	Carolio Yasular Diness 15%.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
, , , , , , , , , , , , , , , , , , ,	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Part 11 of item 18)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, form, 20f (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while face p. m. 19 of work of work	clory, street, office bldg., etc.)
21. I certify that I attended the deceased from 5 23	1958, to $S-2$ 1955, that I last sow the deceased
	occurred at 5.28 GM, from the couses and on the date stated above.
	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE Nelman K. Fallanger	MD 6209 Frederich ave. 8-2-58
PHYSICIAN'S WIBBIET K- Gallager	Balliner 28 Ind
270. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	
Removal Aug3 1958 Scottdale	Scottdale, Penna -
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR AND REGISTRAR SHOWN TURE
Wm S. Tickner & Sono - Balts. N	MOU DATE AUG 5 50



CERTIFICATE OF DEATH 8896 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deseased lived. If institution: Residence before admission) · COUNTY **b.** COUNTY MARYLAND ETTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CHT OR TOYON (If outside corporate limits, write RURAL and give nearest town) RURAL and give ned at lown) NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? NSTITUTION 11 YES NO IV NAME OF First 4. DATE Month Lost Day Yeor (Type or print) DEATH 19 -5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED | NEVER MARRIED | 8) DATE OF BIRTH Months Doys Hours DIVORCED [7] WIDOWED T · YES 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER 'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per ling; for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (of DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost, PAW II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORME D? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) WEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o.m While Not while of work of work In that I last saw the deceased 21. I certify that I attended the deceased from, alive an and that death accurred M, from the causes and an the date stated above. ADDRESS (Street, city DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME_(Type) CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY or county! (Stote) 8-1:-58

ADDRESS

24g. REC'D BY REGISTRAR

DATE AUG 6

REGISTRAR'S SIGNATURE

10 VS A15 (4) 15M 9/SS

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SUNERAL DIRECTOR'S SIGNATURE



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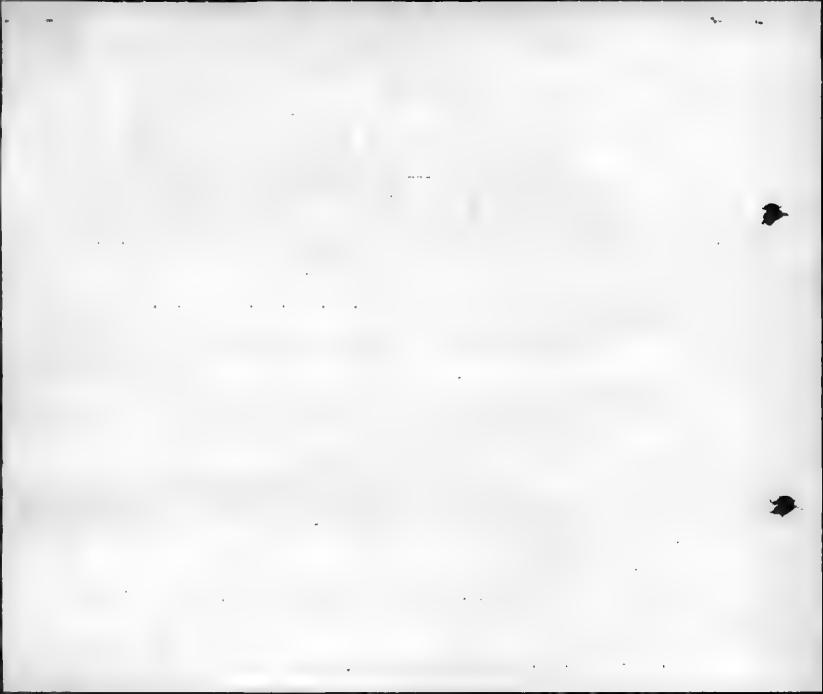
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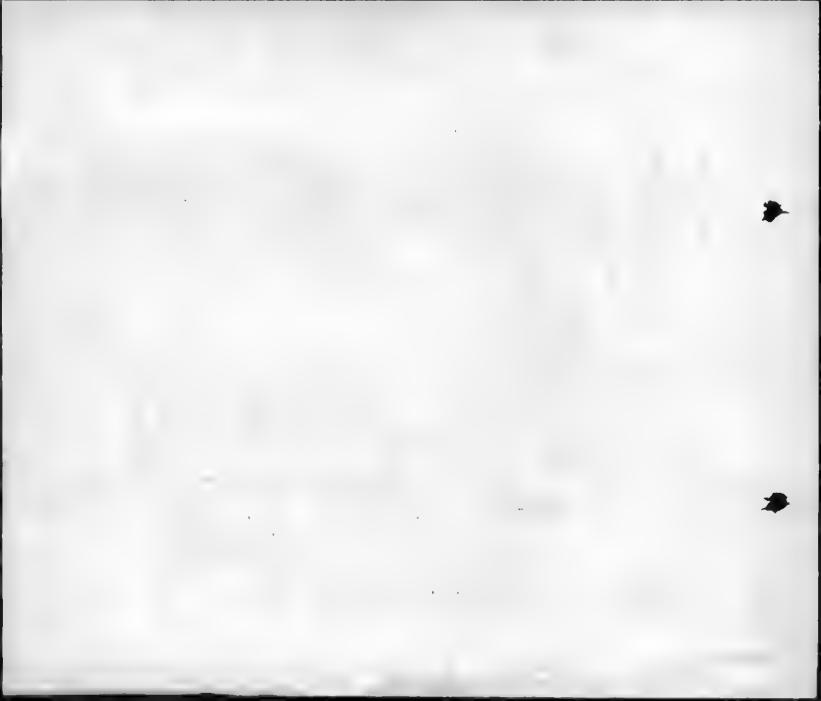
MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
	OF DELETION AND			

8897 CERTIFICATE OF DEATH

Ren. Dist. No.

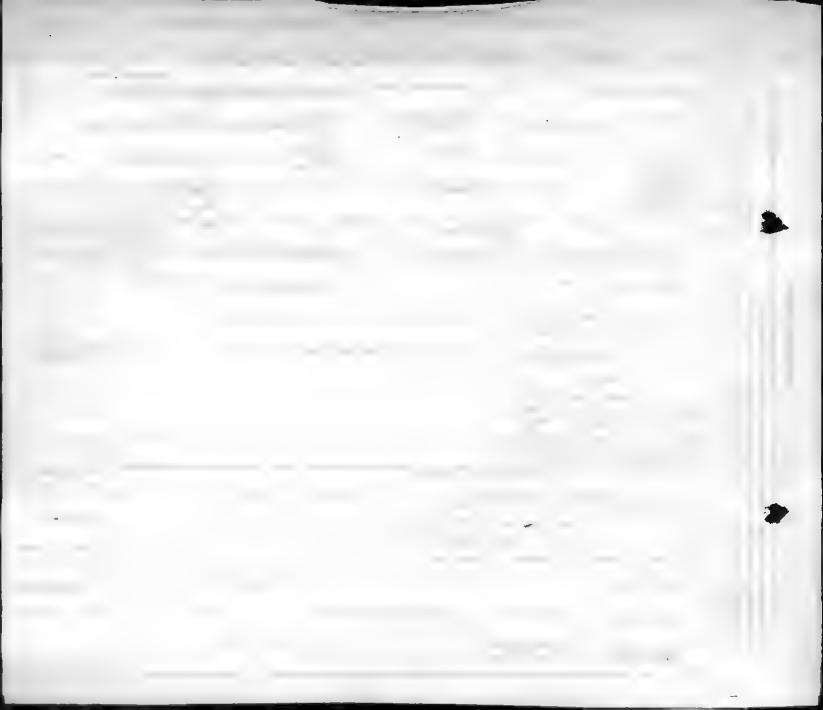
	0000					L		Reg. UTS	1, 140,	
1. PLACE OF DEATH 6 COUNTY Baltimore			MARYLAND	o STATE	NCE (Whe	re decease	d lived. If institut b COUNTY		e before admi	usion)
B. CITY OR TOWN (If outset RURAL and give nearest Fort Howard	de carporate limits, lown)	write c. LENGTH OF			own (If our		rote limits, write	RURAL ond g	ive nearest tow	m)
d. NAME OF HOSPITAL (HOSPITAL (HOSPITAL) Veterans Adm			1.	d STREET AD		Box	225,Holl	Road y Neck		SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First JOHN		Middle	lost WEYMOUTH		4. DATE OF DEATH	Мо		Day	Yeor 19 58
	OLOR OR RACE 7.	MARRIED NEVER		8. DATE OF BIRTH	1889	ž	9 AGE (In years lost birthday) 73 yrs		1 YEAR IF UND	ER 24 HRS
10a. USUAL OCCUPATION (Giduring most of working lift Carpenter	ve kind of work don e, even if retired)	e 10b. KIND OF BUSIN	VESS OR INDUS	Detro	CE (State of	r foreign c	ountry)	12. CITI	ZEN OF WHA	T COUNTR
13. FATHER'S NAME John Weymout	h.	2222		14. MOTHER'S A	AAIDEN NA	AME				
IS. WAS DECEASED EVER IN U		7 16. SOCIAL SECURI		in.Rec.,			Ade	t.Howa	rd, Mary	yland
Conditions, if ony, w	AS CAUSED BY. DIATE CAUSE (0) hich) due (b) to	MYOCARDIAI AND KIDNEY CORONARY	INFAR	CTIONS	OCIAT	ED WI	(TH CERE)	BRAL	INTERVAL B ONSET AND	EEKS
gove rise to immed couse (o), stoling the unlying couse lost.	der- DUE TO	IONS CONTRIBUTING	YO. O. S. M. H. H. W.	1107 SC 1770 V 1						
CAT								VEN IN PARI	PERF	AUTOPSY DRMED?
	USE OF DEATH (AL EXAMINER)	b. DESCRIBE HOW INJ	URY OCCURRED). (Enter nature of i	injury i n Po	ort I or Port	III of ilem 18)			
ZOC. TIME OF INJURY MO Hour o. m. p. m.		20d. INJURY OCCURRI While Not while of work of work	fec	CE OF INJURY (He tory, street, office I	ome, form, oldg., etc.)	20f (City	or tawn)	(Ce	ounty)	(State)
21. I certify that to	ittended the de	ceased from Ju	ly-8	19_58,	ta_Aug	gust.	5 1958		XXXXXXX	CAXXX
ACTUAL SIGNATURE	i (3)	Jan	1	vo. VAH	Al	DDRESS (SI	reet, city or lawn,	store)	٥	ATE SIGNI
PHYSICIAN'S NAME (Type) CHIL	EN WEI LA	N. M.D.		VA HO	SPITA	L, FI	. HOWARI), MAR	YLAND	
220. BURIAL, CREMATION, 22 REMOVAL (Specify) Burial	8-8-3	-0	cemetery of ore Nat		2	2d LOCAT	ION (City, town,	or county)	(Sta	le}
23. FUNERAL DIRECTOR'S SIGN		ADDRESS	arford	Road	4a. REC'D		RAR 246 REGI	ISTRAR'S SIGI	NATURE	





		MARYLAND STATE DEPARTMENT OF HEALTH—E	BALTIMORE, 18	08896
		8899 CERTIFICATE OF DEATH	Reg. Dis	t. No.
	1.	PLACE OF DEATH a. COUNTY Bulto MARYLAND 2 USUAL RESIDENCE (Where de a STATE ALD)	b COUNTY	e before admission) A 120
		RURAD and give nearest flowing 10 YRS : PARKUILLE	corporate limits, write RURAL and g	ive nearest town)
(11)		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 30/4 HISS A 6 A 30/4 HISS	AVE.	e is residence on a farm? yes \int no \bar{P}
	仁	- I THOUSE VUNILITY	EATH Aug 1	Day Year 1958
		SEX 6 COLOGOR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH WIDOWED DIVORCED VAE 17, 1883	lost birthday) Manths	TYEAR IF UNDER 24 HRS Days Hours Min
	1	5. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fore during most of working life, even if retired) WORK CIGATES 14. MOTHER'S MAIDEN NAME	eign county) 12. CITI	J.A.
1)		FATHER'S NAME FRANCIS W MITHEY WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 117. INFORMANT	I BohNE	
		NO HE yes, give wor or datas of vervice) 214-15-5410 ESTELLA SCHWA	NE BECK 30/4	HISS PHE
		PART I. DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Could Coronary of the	-	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which gave rise to immediate DUE TO	<u>'</u>	15 yes:
	Z	Couse (e), stating the under- Sying couse lost, (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	Hol 19, WAS AUTOPSY
0	CERTIFICATION			PERFORMED? YES NO
		206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 206. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20)	(City or town)	(State)
	MEDICAL	Haur a. m. While Not while at work at work at work		
		alive an, 19, and that death accurred at, 24.5%.		ie date stated abave.
,		SIGNATURE / Heller'S Agreet M.D. 3100/4918	ESS (Street, city ar town, state) FINA 19. Bable	14 361- 8-11-3
/		PHYSICIAN'S NAME (Type)		
		BURIE 8-14-58 PARKWOOD LEW 1:	ALTO CO	(State)
	23.	AUNIFAL DIRECTOR'S SIGNATURE 1 ADDRESS 240. REC'D BY R LULLIST CHELLY Y SILV DATAUG 1 3	1 - 1 0 10	
		8802 Nar/out/cel.		





VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

08898

	2901		CERTII	147	IL OI DEAIL	1		Reg. Dist.	No.
1. PLACE OF DEATH o COUNTY	Baltimo	re	MARYLA	ll l	o STATE Maryle	_	lived If institution b. COUNTY	Residence Baltir	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limit parest joyn) Middle Ri-	s, write ver	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF o	ulside corpoi e Riv		JRAL and giv	e nearest town)
	'At (If not in hospital, 9	ve street o	ddress)		d. STREET ADDRESS		orn Rd.	*****	e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print)	Fin Wa	ter	Middle A		tost Wilhelm	4. DATE OF DEATH	Mont	h 10.	Doy Year 15, 1958
s sex Male	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	_	DATE OF BIRTH Jan. 27, 191		9. AGE (In years last birthday)		YEAR IF UNDER 24 HRS. Dys Hours Min.
10o. USUAL OCCUPATION during most of work Machi	king life, even if retired)		own Cok & S		Pennsylva	or foreign co	untry)		EN OF WHAT COUNTR
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			
	Henry W	ilhel	函		Sarah	Youn	5		
1S. WAS DECEASED EVE (Yes, no or unknown) No	R IN U. S. ARMED FOR	rvice)	0-05-7701		· Frances S.	Wilh	elm 4 N.		norn Rd.
	ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	(-	e for (o), (b), and (c)] 20 NA PY	TN	ROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a gove rise to i couse (a), stating lying couse last.	my, which by (b) mmediate the under.		TELIOSCLERO	716	CARDIO VASEU	ngr	DISEASE		3m.
Part II OTI		OITIONS C			OT RELATED TO THE TERMI			EN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED	(Enter noture of injury in P	Part I or Part	II of item 18)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	white of work	Not while	De. PLAC facto	E OF INJURY (Home, form, ry, street, office bldg., etc.	, 20f, (City)	or town)	(Con	unty) (Stole)
21. I certify the alive onA	or I attended the	74	_		ccurred at (1514 1)	PLM, Afon	Z s	nd an the	st saw the decease date stated above DATE SIGN
220. BURIAL CREMATIC	N, 226. DATE THEREO	F	22c. NAME OF CEMETI		/4		ION (City, town, o	r county)	(Store)
REMOVAL (Specify) 23. FUNERAL DIRECTOR	1146 -13	1958	Belair ADDRESS 7401 &	Memo	rial Gardens 240. REC'I	D BY REGISTI		Md. TRAR'S SIGN Thun 3	ATURE Fraud



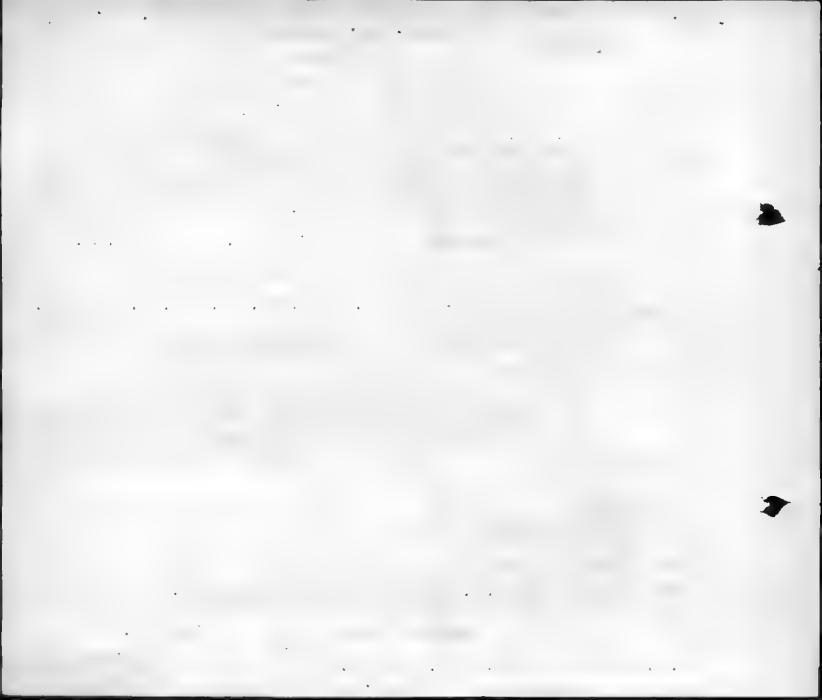
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 8902 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY dire b. COUNTY 10 MARYLAND Baltimore Marvland b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION Baltimore should days . IS RESIDENCE ON A FARM? d. STREET ADDRESS Veterans Administration Hospital 73 Winters Avenue YES NO X NAME OF 4. DATE Middle Lost Doy Year DEATH (Type or print) ET MIDE WILLTAMS August 19 58 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH Months Doys Hours WIDOWED | DIVORCED [Male Negro January 1 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer Construction Baltimore. Md. U.S.A. 13. FATHER'S NAME Amos Williams Mamie Henley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address attending Clin. Records. Vet. Adm. Hosp. Ft. Howard. Yes ecse 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. CARCINOMA OF STOMACH WITH GENERALIZED ä, 10 Months METASTASES DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. fronsit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? BRONCHOPNEUMONIA LEFT LOWER LOBE YES 🕅 NO 🖂 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) (Stole) factory, street, office bldg , etc.) Hour o.m. Not while at work of work 21. I certify that Wattended the deceased from June 21, 1958, to August 15 1958, dance to consider the contract of the contrac ative procedure and on the dote stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE MD VAH FORT HOWARD, MARYLAND should PHYSICIAN'S NAME (Type) CHIEN WEI LAN. M. D VAH, Fort Howard, Md. FUNER 22d LOCATION (City, town, or county) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Runisl Baltimore National Baltimoro, Md **FUNERAL DIRECTOR'S SIGNATURE** 240 REGIGEST REGISTRAR 246. REGISTRAR'S SIGNATURE arthur & Knus VS A15 (4) DATE 15M 9/55

Baltimore. Md.

death.

within

executed



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8903

08900

Reg. Dist. No.

		PLACE OF DEATH a. COUNTY	Baltimore	•	MA	RYLAND	2. USUAL RE 0. STATE	SIDENCE (V			ff institut		ence bei	ore admi	ssion)
	1	b. CITY OR TOWN (If a sand give rearest town)	ovinde corporate limits, writ	e RURAL	c. LENGTH OF ST	AY IN 16	c. CITY O		outside cor	porote limi	ls, write	RURAL on	d give n	earest tov	vn) 🗸
		Catonsvil	le		1 mth 11	dys	1)	ltimo				62 × 2		w 0°	
	(d. NAME OF HOSPITA	L OR INSTITUTION (If not in hosp	atol, give street ado	iress)	d. STREET	ADDRESS							SIDENCE
	2	SPRING GRO	VE STATE	HOSP	ITAL		213	1 Mt.	Holly	7 Str	eet				A FARM? NO □ ►
	4	NAME OF DECEASED (Type or print)	Fir Osca	**	Middle Perr	У	Winegar		4. DATE OF DEATH		Month	must	Day 13	Ye	58
	5. 5	SEX	6. COLOR OR RACE	7- MARRIE	D NEVER MARE	RIED 8.	DATE OF SIRT	Н		9. AGE to) ports	IF UNDER		IF UNDE	R 24 HRS.
		male	white	WIDOWED	DIVORCE	: D	Oct. 2	7. 18	75	lost birth	yrs.	Months	Days	Hours	Min.
	10a	usual occupation during most of working retired	life, even if retired)		anned Go			ACE (Stote	or foreign c	ountry)			ZEN O		OUNTRY?
. 1	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME						
		James	Winegar				Suz	anne	Hicks						
	15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY N	O. 17. IN	FORMANT				Address				
		unknown	- Part Black and an expect of		nknown	Re	cords:	SPRI	NG GH	ROVE	STA	TE H	IOSP.	LTAL	
	MEDICAL CERTIFICATION	Conditions, if any gove rise to immedi (o), storing the uncouse last.	DUE TO Activing DUE TO (c) R SIGNIFICANT CONI E WAS [RIBUTING D.] Month, Day, Yea May 19 31 I took charge	b DESCRIBE ay, 19 sustain 120d. In While of world	HOW INJUST OCCURRED Not white at work mains describ	URRED. (Ernt all	ter nature of in legedly hip to Formal to Form	njury in Port fell Thich Home, form bldg., etc.	tor Port III OVER Was p 20f. (Chy	of them 18 back inned or town)	ward at re 1	ound St. Wh St. (co.	mid nile gne yyl	dle dat las Hos	no []
	220	BURIAL CREMATION	eorge M. K		r, M. D.	ETERY OR (ASSISTA DEPUTY	NT MEDICA	AMINER [] AL EXAMINE EXAMINER [2 22d. LOCAT					8=11	1 -56 8
		REMOVAL (Specify)	8-15-58				C.m∈te_	·у	Chesl					(0.010)	
		FUNERAL DIRECTOR'S		L217 S	ADDRESS St.Paul S	itrue	t	240. REC'T	G 1 5 '5	RAR 24		FRAR'S SIC		***	

VS. A15ME(5) 5M 9/55

4 Tr.



within



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	08902
	*		875.1 CERTIFICATE OF DEATH Reg. Dist	
director.	M)[PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Whyre deceased lived if institution; Poordence of STATE of the COUNTY o	before admission)
death: uneral Id be fi			b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside capporate limits, write RURAL and given parent fown)	ve nearest town)
irs after by the f d 2 show	U) [d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR J.	e. 15 RESIDENCE ON A FARM? YES NO D
Ted in		3	NAME OF DECEASED (Type or print) The Death Of DICA -	Day Year
ely fi		5/		YEAR IF UNDER 24 HRS
d comp		7	to. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZ during most of working life, even if retured)	EN OF WHAT COUNTRY?
cion ond		13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
g physicion remove cor			WAS DECEASED EVERAN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT OLIVER TO SECURITY NO. 17. INFORMANT	Wand Ma
attending n please re			18. CAUSE OF DEATH (Enter only one cause per line for (o). (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
thot the by the			Conditions if any which	vulla 1
equires n. signed if permi	2		gave rise to immediate carse (a), stating the under- lying cause lost.	John
physicia s been of-trons) NOTAC		(o) 19, WAS AUTOPSY PERFORMED? YES NO
AN: The	5	CERTIFIC	20s ACCIDENT WAS HINDERIVING TO 20s DESCRIBE HOW INHERY OCCUPAGE Service of injury in Part Los Part II of item 10.1	
or offer		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) [Co	unty) (Stole)
hospita After hed for	Š		Alend with the second	st saw the deceased
S by the ECTOR:	5 (ACTUAL SIGNATURE STANDE 14- CLUMPUM, D. 33 DIRACIA A.	DATE SIGNED
retained	-		PHYSICIAN'S NAME (Type) DAVID H. ANDYOW DUNDALLIS	171
MOSTI hay be FUNER	2	7	10. BURIAL, CREMATION 226. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Town, or county)	(State)
VS A15 (4)		23	FUNJERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS DATE SEP 2 '58 ADDRESS ADDRESS DATE SEP 2 '58	S. Kraus
			The state of the s	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

D. D.

J.F. Eline & Sons, Reisterstown, Md.

226. BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) Aug. 9.19

Burial Aug.9,1958
23. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN'S NAME (Type)

Caples, M. D.

22c NAME OF CEMETERY OR CREMATORY

Green Lawn Memorial Park.

a C AA 9

(Stote)

		8904			CERTIF	IC/	ATE OF DEATH	1		Reg. Di		03	UJ .
	PLACE OF DEATH						2 USUAL RESIDENCE (Whe	ere decease			ce befo	e admis	s on)
	Ba	ltimore			MARYLI	NND	o. STATE Md.		P COUNTA	Ba	lti	mor	е
	b. CITY OR TOWN (IF RURAL and give nea Reiste	rest town)	s, write	c. LEN	GTH OF STAY IN	ч 1Ь	c. CITY OR TOWN (If ou			URAL and	give nea	rest low	n)
	or institution 285 Ch	etsworth					d. STREET ADDRESS 285 Chats	wort	h Ave.				DENCE FARM? NO
	NAME OF DECEASED (Type or print)	B la nche		•	Middle Wrigh	t	Lost	4. DATE OF DEATH	Aug.6		Day		Yeor 19
5.	Female	6. COLOR OR RACE White	7. MARI WIDOW	_	NEVER MARRIED DIVORCED		March 7,187	1	9 AGE (In years lost birthday) 87 yrs	IF UNDER Months		Hours	ER 24 HRS Min
Î0c	during most of working Housewif	og lite, øven it tetired)	lone 10b.	KIND C	F BUSINESS OR	INDU	Ontario,			-	U.S		COUNTRY
13.	FATHER'S NAME						14. MOTHER'S MAIDEN NA						
	Henry R	eddick					Mary Pri	ingle	•				
15. Ye	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give war or date of si			SECURITY NO		nformant ohn R.Wright	,Rei	stersto		d.		
	IB. CAUSE OF DEAT	H [Enter only one co	se per li	ne for (a	i), (b), and (c).]							RVAL BE	
	PART I. DEATH	I WAS CAUSED BY: IMMEDIATE CAUSE (o)	R	igh	t Hemir	ole	egia				ONS		DEATH
	334X	DUE TO		-									
	Conditions, if on		G	ene	ralized	A A	rterioscler	osis			2	O m	os.
	gove rise to im couse (o), stating th												
	lying couse lost.) (c)											
CATION	_	rsignificant con eft hemin			UTING TO DEAT	H BUT	NOT RELATED TO THE TERMIN	IAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	PERFO	RMED?
CERTIFICATION	20g ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	UNDERLYING []		CRIBE H	OW INJURY OCC	URRE	O (Enter nature of injury in Pr	ort I or Por	t II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o.m. T	Month, Day, Yea	While			De PL/	ACE OF INJURY (Home, farm, story, street, office bldg., etc.)	20f (City	or lown]	(C	ounty)		(State)
\$	p. m.				100				141				
	21. I certify tha							- 6-5		_,thot 1.1	ost so	w the	deceased
	alive on 8-	5 <u>-58</u>	_, 19	,-	, and that d	leath	accurred at 2 P				e dot	e state	ed abave
	ACTUAL 2	, 2. En	. 1	-					treel, city or town,	stote)		Di	ATE SIGNED
	SIGNATURE	IN. Oak	pl	2			M.o. <u>6 Hanove</u>	r Rd			8.	-6-1	58

Reisterstown.

24a, REC'D BY REGISTRAR

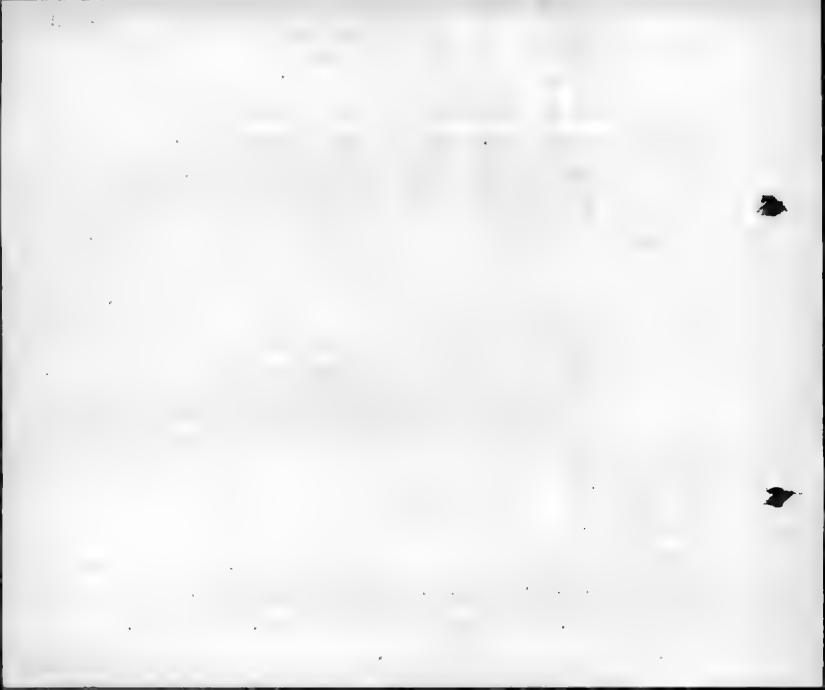
AUG 8

22d LOCATION (City, town, or county)

Warners, N.Y.

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57 00

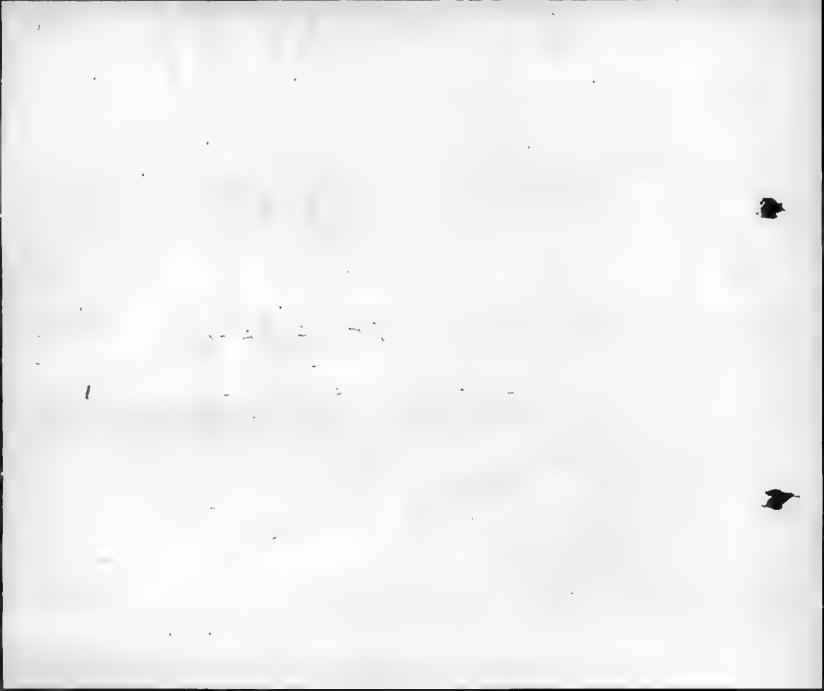
ARYLAND	STATE DE	PARTMENT	OF HEA	LTH-BALTIMORE	, 18
		_			

08904

8905 CERTIFICATE OF DEATH

Ree, Dist. No.

							Mag. Dist.	110.		
). PLACE OF DEATH a COUNTY Balto.			MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Md b. COUNTY Balto						
b CITY OR TOWN (If outside RURAL and give nearest in		, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
KRIKAL ONG BIVE HEMEN I	uwn)			Baltimore 3V.						
d. NAME OF HOSPITAL (IF	not in haspital, giv	re street o	address)	d. STREET ADDRESS				e. IS RES DENCE		
OR INSTITUTION	Tale Arma			5305 Gwynn	Oak .	Ave.		YES NO		
	Dak Ave.				7					
3. NAME OF DECEASED (Type or print)	DELI		Middle R.	YINGLING	4. DATE OF DEATH	Ma L	lug.	21, ₁₉ 58		
5. SEX 6. Co	OLOR OR RACE	7. MARRI	ED NEVER MARRIED	8 DATE OF BIRTH		9 AGE (In years lost bighday)		FEAR IF UNDER 24 HRS		
Female W	hite h	WIDOWE	D 🏥 DIVORCED 🔲	June 20, 18	88	70 yrs	Manths Do	ays Hours Min		
100 USUAL OCCUPATION (G	ve kind af wark do	one 10b I	KIND OF BUSINESS OR INDI	USTRY 11 BIRTHPLACE (State	or foreign	country)	12 CITIZE	EN OF WHAT COUNTRY?		
during most of working life Housewife	e, even if retired)		at home	Tueland			,,,	0 4		
13. FATHER'S NAME			at home	Ireland 14. MOTHER'S MAIDEN I	NAME			. S. A.		
IS. PATHER S PAONE				14. MOTHER 3 MAIDEN	PARE					
wa 46										
15. WAS DECEASED EVER IN U	I. S. ARMED FORCE		SOCIAL SECURITY NO 17.	INFORMANT		Ado	dress			
no			19- 22-9365	Mr. Harry J.	Ying.	ling - 37	24 Oak	Ave.		
Canditians, if any, wi gave rise to immed cause (a), stating the un lying cause last.	AS CAUSED BY, DIATE CAUSE [0] DUE TO hich iate DUE TO (c)	R	EREBR PERTEN	PARA PA AL- HE SIVE- AR IT NOT RELATED TO THE TERM	MO	-VAS	7 GE			
S ACCIDENT WAS IN	SERVING ET LA	Wh DECC	BUSE HOLD BUILDY OFFICE	ED (C.A	0	- II - 6 10 \		YES NO X		
PART II. OTHER SIGNATURE OF CONTRIBUTING CAN CONTRIBUTING CAN CIFE ETHER, NOTIFY MEDICAL CONTRIBUTIONS CONTRIBUTIO	USE OF DEATH	NO. DESC		ED. (Enter nature of injury in		1		·		
ZOC TIME OF INJURY MO Hour a. m. p. m.	inih, Day, Year 19	While	Not while of wark	LACE OF INJURY (Home, form octory, street, affice bldg., etc	n, 20f (Cil	ly or fawn)	(Cou	unty) (State)		
21. I certify that I dive on AU	leain	decease		15, 19,5 No. 14 h occurred of 1148	AU & ADDRESS () WWW	m the couses Street, city or town	ond on the	st saw the deceased dote stated obove. DATE SIGNED		
PHYSICIAN'S WI	LLIAY	7	d. 24771	VAN						
22g. BURIAL, CREMATION, 22 REMOVAL (Specify)	b. DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATORY	22d LOC/	TION (City, lawn,	ar county)	(State)		
Burial	8/25/58		Joudon Par	k Cema	Bal	Lto. Md.				
23. FUNERAL DIRECTOR'S SIGN	ichene	ery	Sous-Ba	7 240. REC	O BY REGIS	TRAR 24b. REG	ISTRAR'S SIGN	1.0		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08905 8906 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Poge Balltimore Baltimore Health, Maryland MARYLAND files. b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) 40 Baltimore / live inth 19dvs Caton sville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE for ON A FARME 1916 Merritt Avenue STATE HOSPITAL YES NO SPRING ained ä NAME OF First Middle 4. DATE Month Year 100 DECEASED OF DEATH 58 M. Tost August Marv 19 (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HES. 5. SEX fast birthday) Months Hours white female DIVORCED [7] June 2, 1877 WIDOWED IN 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? an U. S. A. Maryland housewife form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Wikulitz Mikulitz XXXXXXXXXXXX Joseph Dornack 12 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17-20-213 Address (If yes, give war or dates of service) HOSPITAL GROV E STATE Records: SPRING Unknown no INTERVAL BETWEEK 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Office DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (o), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS 0 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Part I or Part II of item 18.) floor sustaining an intertrochanteric frac. of left femur 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Not white Catonsville 28, Maryland at work of work hospital 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . 0 0 certificate, v. farwarded t apinion death resulted fram: Natural causes , Accident Suicide , Hamicide , Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 8-4-58 **EXAMINER'S** execute the should to FUNERA George M. Kieffer, M. D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 40 Buria Cemetery Baltimore Co.Md awn. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VS. A15ME DATEAUG 7 5M 2/57

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Reg. Dist. No.

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M	4	o. COUNTY 5/16 Co. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission) b. COUNTY 5 allor.
	/	b. ETTY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) ALTY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	do	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR OF HOSPITAL (If not in hospital, give street oddress) ON A FARM? YES NO
		3. NAME OF DECEASED BOTTHA E. Maide Lost 4. DATE OF DEATH AND 15 Day Year 1957
,		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [] 8. DATE OF BIRTH 9. AGE (Infeats If UNDER 14 HRS. In Und
death.	1	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. PRETHPLACE (Stote or foreign county) / 12. CITIZEN OF WHAT COUNTRY? What country is a country of the
rs ofter		Christian 7000 Magneta Braun
72 hou		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (It yes, give wor or doles of service)
t within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) STANDY THE TOTAL BETWEEN ONSET AND DEATH STANDBURGEN ONSET AND DEATH
ny even		Conditions, if ony, which) by Continsuis Cardio Vascular Visites 9 years
nd in a		gove rise to immediate couse (a), sloting the under lying cause last. DUE TO (c)
noval, a	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
or ren		
emotion		20c. TIME OF INJURY Month, Doy, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED While Not while of work of the other of t
rrial, cr		21. I certify that liattended the deceased from 1 2 1, 19 2, to 19 2, that I last saw the deceased alive on 19.0, and that beath accurred at 10.00 M, from the causes and an the date stated above.
or to b		ACTUAL Elist W. Lebuson M.D. 3432 malered alla Beltimer 4/6/
strar pri	- 1	PHYSICIAN'S ELIOT W. JOHNSON M.D. 2972LE
he regi	0	Probabilist CREMATION, 22b, DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, air county) (Stole)
41	8	28 TUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NUG 1 9 '58 GARAGE & HOURS
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